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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: AllianceTrust Food Corp DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Darlene Guzman Name of Contact Person Ailiance Trust Food Corp Firm/ Company 100 Quentin Rooselvelt Boulevard - Suite 516 Address Garden City, NY 11530 City/ State and Zip Code dayike@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Darlene Guzman Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: 35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

Articles of Incorporation

Name of Corporation as currently file NOT PPLICABLE PI 1000894	
NOT PPLICABLE PILOOO894'	ed with the Florida Dept. of State)
(1 ()	57
(Document Number of Con	rporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	ida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
NOT APPLICABLE	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co" word "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A N/A
	N/A TO TO
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
	N/A
_	N/A
D. If amending the registered agent and/or registered office address	in Florida, enter the name of the
new registered agent and/or the new registered office address:	
N/A	
Name of New Registered Agent N/A	uddress)
Name of New Registered Agent N/A N/A	address) . Florida

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	VP S	Darlene Guzman	40 White Court
Add			Norwood, NJ 07648
Remove			
2) Change	<u>S</u>	Maria Batista	· 14805 LATOURCE PINEVILLE NC
Add			PINEVIlle NC
X Remove			28134
3) X Change	P	Freedy A Guzman	40 White Court
Add			Norwood, NJ 07648
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	. (Be specific)
OT APPLICABLE	
•	•
· · · · · · · · · · · · · · · · · · ·	
or ovisions for implementing the arr	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nestament it not contained in the amendment resent.
OT APPLICABLE	
	· · · · · · · · · · · · · · · · · · ·

· ' NO	OT APPLICABLE	
The date of each amendment(s) adoption: date this document was signed.		_, if other than the
NOT APPLICA	BLE	
Effective date if applicable:	(no more than 90 days after amendment file date)	 .
Note: If the date inserted in this block does r document's effective date on the Department of	not meet the applicable statutory filing requirements, this date will f State's records.	not be listed as the
Adoption of Amendment(s) (CF	HECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendment(s) approval.	
	ne shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):	
"The number of votes cast for the ame	endment(s) was/were sufficient for approval	
by	"	
by	oting group)	
The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and shareholder	
Dated 07/18	116	
Signature Mana	Batista	_
	sident or other officer - if directors or officers have not been	
	corporator – if in the hands of a receiver, trustee, or other court by by that fiduciary)	
Maria Bati	ista	
	(Typed or printed name of person signing)	
Secretary		
	(Title of person signing)	