02/28/2012 10:08 305 448 55 Division of Corporations



## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : AJ ACCOUNTING SERVICES, INC.

Account Number : I20110000092 Phone

: (305) 448-9584

Fax Number

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN JOUDA FOOD CORP.

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Electronic Filing Menu

Corporate Filing Menu

TO: Amendment Section Division of Corpora		COVER LETTER	
NAME OF CORPORA	TION: JOUDA FO		
	Amendment and fee are su		
	ondence concerning this ma	<del></del>	
_		ANWAR JOUDA	4
		Name of Contact Persor	1
	J(	OUDA FOOD C	ORP.
		Firm/ Company 1843 NW 2ND	CT
		Address	
		MIAMI, FL 331	36
		City/ State and Zip Code	<b>&gt;</b>
	E-mail address: (to be us	sed for future annual report	notification)
For further information c	onceming this matter, pleas	se call:	
ANWAR JOUE	DA	at (561	294-3564
Name of	Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for the	e following amount made	payable to the Florida Depa	rtment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amend Divisio P.O. Bo	<u>e Address</u> ment Section n of Corporations ox 6327 ssee, FL 32314	Amend Division Clifton 2661 Ex	Address ment Section n of Corporations Building kecutive Center Circle ssee, FI, 32301

Articles of Amendment to

v		Articles of Incorporat	noi				
	JOUR	A FOOD CORP	).				
(Name	of Corporation as current	ly filed with the Florida I	Dept. of State)				
	P110	000099156		•			
	(Document Number	er of Corporation (if known	)				
Pursuant to the provisi its Articles of Incorpor	ons of section 607.1006, Fl	orida Statutes, this <i>Florida</i>	Profit Corporation ado	pts the following	amendment(s	) to	
A. If amending name	e, enter the new name of th	e corporation:	1				
					The new		
"Corp.," "Inc.," or C	ruishable and contain the Co.," or the designation "C rofessional association," or	Corp," "Inc," or "Co". A	mpany," ar "incorpor ! professional corporat	ated" or the abi	breviation ontain the		
	oal office address, if applic ess <u>MUST BE A STREET</u>						
C. Enter new mailing (Mailing address )	ig address, if applicable; MAY BE A POST OFFICE	<i>BOX</i> )			SECKLIAN FALLAHAOS	12 FEB 29	רוניט
new registered as	egistered agent and/or res tent and/or the new registe Registered Agent	ristered office address in I ered office address:	Florida, enter the name	o of the	OF STATE	EB 29 PM 2: 35	ζ.
		(Florida street addr	ess)		D		
New Register	ed Office Address:		, Florida				
		(City)		(Zip Code)			
New Registered Age I hereby accept the ap	nt's Signature, if changing pointment as registered ago	Registered Agent: ent. I am familiar with and	d accept the obligations	of the position.			
	Signature	of New Registered Agent, ij	f changing				

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>PŤ</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	₽D	ANWAR JOUDA	1843 NW 2ND CT MBAMI, FL 33136
Remove			•
2) Change Add	면	ANTHONY N PERSON	1843 NW 2ND CT MIAMI, FL 33198
X Remove 3) Change Add Remove			
4) Change Add Remove	<del></del>		
5) Change Add Remove			
6) Change Add Remove			

amending or adding additional Articles, enter change(s) tach additional sheets, if necessary). (Be specific)	
<u> </u>	
•	
an amendment provides for an exchange, reclassification rovisions for implementing the amendment if not contain	n, or cancellation of issued snares,
(if not applicable, indicate N/A)	Bod III (at all distances   100 miles
,	

• The çate of each amendment(s) ad	option: 02/23/2012	
Effective date if applicable:		
	(no more than 90 days after amendi	nent file date)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adoptive the shareholders was/were sufficient to the shareholders was/were adoptive to the shareholders was/were sufficient to the shareholders was/were adoptive to the shareholders was/were sufficient to the shareholders was/were adoptive to the shareholders was/we	pted by the shareholders. The number of votes ca fficient for approval.	ist for the amendment(s)
	roved by the shareholders through voting groups, each voting group entitled to vote separately on t	
"The number of votes cast	for the amendment(s) was/were sufficient for appr	oval
by	(voting group)	."
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholde	r action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder act	ion and shareholder
Dated 02/23/2	2012	
Signature An	Wal City	
	rector, president or other officer - if directors or in, by an incorporator - if in the hands of a receive	
	ed fiduciary by that fiduciary)	
	ANWAR JOUDA	
•	(Typed or printed name of person sign	ring)
	PRESIDENT	
	(Title of person signing)	