P11000 107517

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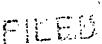
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MAY 3 0 222 T. LEZZELX COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: SDR 1 FOOD CORP.	
DOCUMENT NUMBER: P11000107517	
The enclosed <i>Articles of Amendment</i> and fee are submitted fo	or filing.
Please return all correspondence concerning this matter to the	following:
RAFAEL B. CASTRO	
Name	of Contact Person
SDR 1 FOOD CORP.	
Fi	rm/ Company
8700 SW 137TH CT	
	Address
MIAMI, FL 33183	
City/ S	tate and Zip Code
DOCUMENTS@IBSTAX.COM	
E-mail address: (to be used for fut	ire annual report notification)
For further information concerning this matter, please call:	
RAFAEL B. CASTRO	at (305) 382-3102
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to	the Florida Department of State:
Certificate of Status Certi	S52.50 Filing Fee S52.50 Filing Fee Certificate of Status Certified Copy Sed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



οf SDR I FOOD CORP. (Name of Corporation as currently filed with the Florida Depti of State) P11000107517 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.\" or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A.". N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent (Florida street address) New Registered Office Address: . Florida (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

address of each Offic (Attach additional shee Please note the officer: P = President: V = Vid Executive Officer: CF held. President, Treast Changes should be not a change, Mike Jones Mike Jones, V as Rema	er and/or L ets, if neces, /director tit ce Presiden FO = Chief urer, Direct ted in the fo leaves the c	Director being added: sary) le by the first letter of the off t; T= Treasurer; S= Secreta Financial Officer. If an off or would be PTD. ollowing manner. Currently	d name of each officer/director being removed and title, name, and we title; by; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chiefer/director holds more than one title, list the first letter of each office ohn Doe is listed as the PST and Mike Jones is listed as the V. There is need the V and S. These should be noted as John Doe, PT as a Change,
Example: XChange	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	TD	LUPERIO TOR	ES 174 WHEELER ROAD
Add X Remove			CENTRAL ISLIP, NY 11722
2) Change	TD	DHARIANA DI	Z. 4367 SW 134TH AVENUE
X Add			DAVIE, FL 33330
Remove			
3) Change	<u></u>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			- -
Remove			
6) Change			

_____ Add

____ Remove

E. If amending or adding additional Articles, enter (Attach additional sheets, if necessary). (Be spec	change(s) here; ific)
N/A	
,=- 	
F. If an amendment provides for an exchange, recl provisions for implementing the amendment if	
(if not applicable, indicate N/A)	
RECLASSIFICATION OF SHARES:	1
RAFAEL B CASTRO: PSD - 45 SHARES	
DHARIANA DIAZ: TD - 55 SHARES	

01/01/2019	
The date of each amendment(s) adoption:date this document was signed.	, if other than the
O1/01/2019 Effective date <u>if applicable</u> :	
(no more t	than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's reco	applicable statutory filing requirements, this date will not be listed as the rds.
Adoption of Amendment(s) (CHECK ONE	
■ The amendment(s) was/were adopted by the shareholders by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholde must be separately provided for each voting group entite	
"The number of votes cast for the amendment(s) wa	as/were sufficient for approval
by	,"
(voting group)	
☐ The amendment(s) was/were adopted by the board of direction was not required.	
☐ The amendment(s) was/were adopted by the incorporator action was not required.	s without shareholder action and shareholder
Dated> / //9 //9	
Signature Provident or other	er officer = If directors or officers have not been
	f in the hands of a receiver, trustee, or other court
RAFAEL B. CASTRO	
(Typed or pr	inted name of person signing)
PRESIDENT	
	Title of person signing)