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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

US WHOLE F	FOODS INC	
P13000048399 DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are so	abmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
HUGO MORALES		
US WHOLE FOODS	Name of Contact Person	
6142 NW 74 AVE	Firm/ Company	
MIAMI, FLA 33166	Address	
	City/ State and Zip Code	
HUGO4953@HOTMAIL.C	ОМ	
E-mail address: (to be u	sed for future annual report	notification)
For further information concerning this matter, plea	se call:	
HUGO MORALES	305	324-6725
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

US WHOLE FOODS INC

(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the fo	llowing amendment(s) t
	llowing amendment(s) t
(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the fo	llowing amendment(s) t
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the fo	llowing amendment(s) t
	llowing amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable:	the abbreviation
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (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:	
N/A Name of New Registered Agent	
Name of New Registered Agent	
(Florida street address) N/A	
New Registered Office Address: , Florida	
(City) (Zip Co	de)
٠.	
<u> </u>	
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 pos	ition.
Signature of New Registered Agent, if 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>PT</u> J	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	Р	HUGO MORALES	910 NW 9 CT
Add			MIAMI, FLA
Remove			33136
2) Change	٧	JUAN J POLI	6142 NW 74 AVE
Add			MIAMI, FLA
Remove			33166
3) Change	ST	JUAN ROCA	920 NW 9 CT
Add			MIAMI, FLA
Remove			33136
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)	
If an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the am	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	PRESIDENT	34%
(if not applicable, indicate N/A) IUGO MORALES	PRESIDENT VICE-PRESIDENT	
(if not applicable, indicate N/A) IUGO MORALES UAN J POLI		34% 33% 33%
(if not applicable, indicate N/A) IUGO MORALES UAN J POLI	VICE-PRESIDENT	33%
	VICE-PRESIDENT	33%
(if not applicable, indicate N/A) IUGO MORALES UAN J POLI	VICE-PRESIDENT	33%
(if not applicable, indicate N/A) IUGO MORALES UAN J POLI	VICE-PRESIDENT	33%

The date of each amendment(s) adoption	AUGUS1 11,2014 on:	, if other than the
date this document was signed.	•	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes cast for the amendment(s) nt for approval.	
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for th	e amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated AUGUST 11	2014	
Buteu		
Signature		
selected, by	or, president or other officer – if directors or officers have not been an incorporator if in the hands of a receiver, trustee, or other court duciary by that fiduciary)	
JUA	AN J POLI	
	(Typed or printed name of person signing)	
PRI	ESIDENT	
	(Title of person signing)	