

P13000006246/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

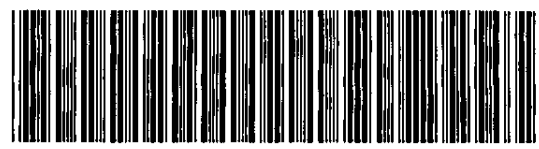
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
Louna
Biton
Said this is
her signature.
Corrected name
of corp.
2-7-14
DC

Office Use Only



500255625675

01/27/14--01013--022 **43.75

Amend
2-7-14
DC

FILED
14 FEB - 7 PM 4:35
TREASURY OF ALABAMA
MONTGOMERY, ALABAMA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2014

LOUNA BITON
RA ORGANIC FOOD DISTRIBUTION INC
800 BELLE TERRE PKWY STE219
PALM COAST, FL 32164 US

SUBJECT: R.A. ORGANIC FOOD DISTRIBUTION INC.
Ref. Number: P13000062461

We have received your document for R.A. ORGANIC FOOD DISTRIBUTION INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

A printed name is not acceptable.

An officer/director must sign page 4.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 414A00002250

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: RA ORGANIC FOOD DISTRIBUTION DBA D'S DIPPING DELIGHTS

DOCUMENT NUMBER: P13000062461

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOUNA BITON

Name of Contact Person

RA ORGANIC FOOD DISTRIBUTION DBA D'S DIPPING DELIGHTS

Firm/ Company

800 BELLE TERRE PKWY STE219

Address

PALM COAST PKWY 32164

City/ State and Zip Code

CHOCOLATEGIFTSFORLESS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOUNA BITON

Name of Contact Person

at (646) 3878786

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

RA ORGANIC FOOD DISTRIBUTION **INC.**

(Name of Corporation as currently filed with the Florida Dept. of State)

P13000062461

(Document Number of Corporation (if known))

FILED
14 FEB -7 PM 4:35
TREASURY OF FLORIDA
HALLMARKS

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:

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."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

780 SHADY OAKS DR APT200
PALM COAST FL 32164

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

800 BELLE TERRE PKWY
STE 219 PALM COAST PKWY32164

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 LOUNA BITON
800 BELLE TERRE PKWY
(Florida street address)

New Registered Office Address: PALM COAST, Florida 32164
(City) (Zip Code)

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.

Louna Biton
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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change

P

RINAT AZRAN

780 SHADY OAKS DR APT 200

☐ Add

PALM COAST FL

☒ Remove

32164

2) ☐ Change

PT

LOUNA BITON

780 SHADY OAKS DR APT 200

☒ Add

PALM COAST FL

☐ Remove

32164

3) ☐ Change

☐ Add

☐ Remove

4) ☐ Change

☐ Add

☐ Remove

5) ☐ Change

☐ Add

☐ Remove

6) ☐ Change

☐ Add

☐ Remove

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

REMOVE RINAT AZRAN FROM THE CORPORATION ADD LOUNA BITON AS OWNE

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

LOUNA BITON OWNES 100% OF THE SHARES RINAT AZRAN RESIGNED

The date of each amendment(s) adoption: JANUARY 24, 2014, if other than the date this document was signed.

Effective date if applicable: JANUARY 24, 2014
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated JANUARY 24, 2014

Signature Louma Biton
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

LOUNA BITON
(Typed or printed name of person signing)

DIRECTOR/PRESIDENT
(Title of person signing)