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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	THE GOURMET	STOPP CORP		
DOCUMENT NUMBI	ER: P13000073571			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
(CLAUDIA G GARCIA			
_		Name of Contact Person	1	
-		Firm/ Company		
1	251 SW 15TH TERR			
_	<u> </u>	Address		
1	MIAMI FL 33145			
_		City/ State and Zip Code	e	
	E-mail address: (to be us	sed for future annual report	notification)	
	,	•	,	
For further information	concerning this matter, pleas	se call:		
CLAUDIA G GARCIA		at (286-7909	
Name of	Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)	
<u>Maili</u>	ng Address	Street	Address	
	idment Section		Iment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
Tallahassee FI 37314			2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

THE GOURMET STOPP CORP

(Name of Cornoratio	on as currently filed with the Florida Dept. of State)
P13000073571	n as turiting, med with the x total pept of state
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida ts Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the con	rporation:
	The new
	d "corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	v
(maining duness MAT BEAT OST OF FICE BOX	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
•	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi	istored Agents
	l am familiar with and accept the obligations of the position.
	ature of New Registered Agent if changing
Signi	ature at New Registered Agent 11 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.

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>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	DANIELA MENDOZA	2321 SW 16 AVENUE
X Add			MIAMI FL 33145
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>11 amenung</u> • idda daeta ()	or adding additional Articles, enter change(s) here: ional sheets, if necessary). (Be specific)
(Attach adan	tonal sneets, if necessary). (De specific)
····	
· 16	
provisions	ment provides for an exchange, reclassification, or cancellation of issued shares, for implementing the amendment if not contained in the amendment itself:
(if not a	for implementing the amendment if not contained in the amendment itself: applicable, indicate N/A)

	OCTOBER 24,2016	
The date of each amendment date this document was signed.	(s) adoption:	, if other than th
, , ,	OCTOBER 24,2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(1-11-11-11-11-11-11-11-11-11-11-11-11-1	
	his block does not meet the applicable statutory filing requirements, thi e Department of State's records.	is date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendm re sufficient for approval.	ent(s)
	e approved by the shareholders through voting groups. The following stad 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/wer action was not required.	e adopted by the board of directors without shareholder action and shareh	nolder
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholde	er .
D 1	12/1/201	
Dated	13/24/2012	
Signature	1 lay 10	
(<u>B</u>	y a director, president or other officer - if directors or officers have not b	
	lected, by an incorporator – if in the hands of a receiver, trustee, or other	court
ар	pointed fiduciary by that fiduciary)	
	CLAUDIA G GARCIA	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)