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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TUTTO DOCUMENT NUMBER: P14000002	FOODS DORAL CORP
The enclosed Articles of Amendment and fee a	
Please return all correspondence concerning this	s matter to the following:
PAUL JASINS	KI ,
	Name of Contact Person
USAOLL GRO	OUP LLC
	Firm/ Company
5960 NW 99 A	VE UNIT 2
	Address
DORAL FL 33	178
	City/ State and Zip Code
PJ@USAOLL.CO	M
	be used for future annual report notification)
,	,
For further information concerning this matter,	please call:
PAUL JASINSKI	at (305) 984-8277
Name of Contact Person	Area Code & Daytime Telephone Number
Tunio di Contact i Gibon	Allea Code to paymine Feliphone Namosi
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee Certificate of State	
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

FILED

Articles of Amendment to Articles of Incorporation of

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TUTTO FOODS DORAL CORP

(Name of Corporation as currently filed with the Fl	orida Dept. of State)
P14000002777	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation" ("Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
• •	N/A
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	
C. Enter new mailing address, if applicable:	N/A
(Malling address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office addr	ess in Florida enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent N/A	
(Florida str	eet address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent	
I hereby accept the appointment as registered agent. I am familiar to	the interest the obligations of the position.
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 <math>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>	John De	<u>oe</u>			
X Remove	<u>v</u>	Mike Jones				
_X Add	<u>sv</u>	Sally S	<u>mith</u>			
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s		
1) Change	VPD	_	D'AMBROSIO, GALELEO D	7086 NW 109 CT		
Add		_		DORAL, FL 33178		
Remove						
2) Change		,				
Add						
Remove						
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add		_				
Remove						
6) Change						
Add						
Remove						

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The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(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"	
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 NOVEMBER 4, 2014	
Signature	
(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)	
MARIO CAPUTO	
(Typed or printed name of person signing)	·
PRES & DIRECTOR	
(Title of person signing)	