Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000131244 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : BLANCO ACCOUNTING I, INC.

Account Number : I20100000060

Fax Number

: (305)828-1148 : (305)828-1709

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Empil	Addrose.	

COR AMND/RESTATE/CORRECT OR O/D RESIGN TRULY FRESH INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

BECFTRRY OF STATE DIVISION OF CORFORATIONS

Articles of Amendment to Articles of Incorporation

of

15 JUN -2' AM 8: 50

TRULY FRESH INC	
(Name of Corporation as curre	ntly filed with the Florida Dent. of State)
14000004645	
(Document Number	r of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment
If amending name, enter the new name of the corporation:	
	The new
ame must be distinguishable and contain the word "carpora Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or vord "chartered." "professional association," or the abbreviation	r "Co". A professional corporation name must contain the
Enter new principal office address, if applicable; Principal office address <u>MUST BE A STREET ADDRESS</u>)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(manual anni coo (1822 2021) Coop Octobro	
. If amending the registered agent and/or registered office ag new registered agent and/or the new registered office address	ldress in Florida, enter the name of the
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registered Age	··
hereby accept the appointment as registered agent. I am familia	ar with and accept the obligations of the position.
Signature of Na	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>	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>	Address			
1) Change	CFO	PLAY PARK ENTERTAIMENT	10392 W STATE RD 84 SUITE 10.			
Add XRemove			DAVIE FL 33324			
2) Change	TR	ROSS MARY CORTES	10392 W STATE RD 84 SUITE 10			
Add			DAVIE FL 33324			
X Remove						
3) Change			<u></u>			
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
б)Change						
Add						
Remove						

ach <i>additiona</i>	adding additional . Il sheets, if necessar	ry). (Be specific)			
		<u>.</u>			
			·		
···-	<u> </u>				
		 -			
<u></u> _					_
					
				_	
					 -
					
visions for it	t provides for an emplementing the a cable, indicate N/A	mendment if not c	cation, or cancelle ontsined in the an	ation of issued sh nendment itself:	<u>8745,</u>
					
					

BECAR PATTO STANDARD BY SALENDER OF SALEND

	06/01/2015			
The date of each amendment(s) ado date this document was signed.	ption:	15 JUN -2	AM 8: 50	, if other than the
06/01/	2015			
Effective date if applicable:	(no more than 90 c	las after amendme	nt file date)	
	(aya ayser umenume	n jne uuej	
Note: If the date inserted in this blo document's effective date on the Depa	ck does not meet the applicaburtment of State's records.	le statutory filing r	equirements, this date	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopt by the shareholders was/were suffi		imber of votes cast	for the amendment(s)	•
The amendment(s) was/were appromust be separately provided for ea				
"The number of votes east for	r the amendment(s) was/were s	ufficient for approv	al	
by			,"	
· · · · · · · · · · · · · · · · · · ·	(voting group)			·
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors wit	hout shareholder a	ction and shareholder	·.
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without	shareholder action	and shareholder	
06/01/2015 Dated		_		
Signature	Hay Ortes		_	
(By a dire- selected, I	ctor, president or other officer- by an incorporator — if in the ha fiduciary by that fiduciary)			- 1.
Re	OSS MARY CORTES			
_	(Typed or printed name	e of person signing)	
TI	REASURY			
_	(Title of p	erson signing)		