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## COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: BOSSMAN FINE FOODS INC.

DOCUMENT NUMBER: P14000087524 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SIMONE PUCCIU Name of Contact Person

BOSSMAN FINE FOODS THE

Firm/ Company

16520 BURNT STORE ROAD

Address

PUNTA GORDA FL 33955

City/ State and Zip Code MARKETDISTRIBUTORS FLC YA1+00, Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: IMONE PUCCIO at 941 204-2258
Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Taliahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

## BOSSMAN FINE FOODS INC

(Name of Corporation	as currently filed with the Florida Dept. of State)
P14000087524	
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida St ts Articles of Incorporation:	statutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corp	poration:
	The new "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A."
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>	ESS )
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
<u></u>	
	I office address in Florida, enter the name of the
<ol> <li>If amending the registered agent and/or registered new registered agent and/or the new registered off</li> </ol>	fice address:
	fice address:
new registered agent and/or the new registered off	fice address:
new registered agent and/or the new registered off	fice address: ———————————————————————————————————
	fice address:

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 Doc			
X Remove	<u>v</u>	Mike Jones			
_X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Nar</u>			<u>Addres</u> s
i) Change	<u>S</u>		ENVIFER L	EESE	126 MOLLENDO PUNTA GARDAF
Add Remove					PUNTA GARDAF 33983
2) Change					
Add					
3) Change				<del></del>	
Add					
4) Change					
Add Remove					
5) Change				**************************************	
Add Remove					
6) Change		<del>.</del>			
Add Remove					

(Attach a	additional sheets, if necessary). (Be specific)	
	JEHMIFER DEE:	SE will NO LONGER
•	OWN ANY SHA	SE will NO LONGER
	, , , , , , , , , , , , , , , , , , ,	
	SIMONE Puccio	) WILL NOW DWN
	100 TO OF SHI	ARES
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· · · · · · · · · · · · · · · · · · ·	<del> </del>	
provisi	mendment provides for an exchange, reclassification, or ions for implementing the amendment if not contained if not applicable, indicate N/A)	
		······································
	- 12 - 2 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1	

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

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after umendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wildocument's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
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 7/30/2019	
Signature Append Tuccio	
(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)	
SIMONE TOCCIO  (Typed or printed name of person signing)	<u></u>
(Typed or printed name of person signing)	
$\mathcal{D}_{\alpha} = \alpha$	
IRESIDENT	<del></del>
(Title of person signing)	