## P1500061736

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2015 OCT 19 PK 3: 01

OCT 19 2014 C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF C	ORPORATION: MUSTARD SEE	D FOOD CORP					
	NUMBER: P15000061736						
The enclosed	Articles of Amendment and fee are s	submitted for filing.					
Please return a	all correspondence concerning this m	atter to the following:					
	JOSEPH ARCAS	JOSEPH ARCAS					
	Name of Contact Person FLAGLER GROUP CORP						
Firm/ Company 11321 WEST FLAGLER ST  Address  MIAMI FL 33174  City/ State and Zip Code  arcas@flaglergroup.net							
				For further info	E-mail address: (to be u	used for future annual report	notification)
				JOSEPH ARC		at ( 305	2213477
Enclosed is a c	Name of Contact Person	Area Co	de & Daytime Telephone Number				
\$35 Filing		□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$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	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle essee, FL 32301				

## Articles of Amendment to Articles of Incorporation of

MUSTARD SEED FOOD CORP		e e e	٥
· (Name of C	orporation as currently filed with the Florida Dept. of State)	-60	
P15000061736		A 22 2	_
	(Document Number of Corporation (if known)	Tic.	-7
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the follow	wing amen	⊐ ıdmeı c:
A. If amending name, enter the new name	of the corporation:	77-	
	<del></del>	The	new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association.  B. Enter new principal office address, if all (Principal office address MUST BE A STRE	oplicable:	: abbrevid ist contain	ition 1 the —
(17 mespai office duaress <u>most Be 71 STRE</u>		<del></del>	
2			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF			_
	<del></del>		
	registered office address in Florida, enter the name of the		
new registered agent and/or the new re	<u> 2stereu omce address:</u>		
Name of New Registered Agent			
The transfer of the second			
	(Florida street address)		
New Registered Office Address:	, Florida		
and the second s	(City) (Z	(ip Code	_
New Registered Agent's Signature, if change the appointment as registered	<u>ging Registered Agent:</u> l agent.     I am familiar with and accept the obligations of the position	n	
. nervey accept the appointment as registered	agom. Tam jammar with and accept the congutions of the position	71.	
N. A. C.			
	Signature of New Registered Agent, if changing	<del></del>	

## 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>	Name	Address	
1) Change	D	NORMA PALAFOX	20220 SW 110 CT	
1) Change			CUTLER BAY FL 33189	
Remove				
2) Change			<del> </del>	
· ,				
Add				
3)Change				
Add				
Remove			<del></del>	
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
a ging to the				
6) Change				
Add				
Pamoua				

E. If amending (Attach addition	or adding additional Art onal sheets, if necessary).	icles, enter change (Be specific)	(s) here:		
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			7		
F. <u>If an amendn</u>	nent provides for an exch	ange, reclassificat	ion, or cancellatio	n of issued shares,	
provisions for	or implementing the ame oplicable, indicate N/A)	ndment if not cont	ained in the amen	dment itself:	
(ij noi aj	pricable, indicate WA)				
		<u>-</u>			
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The date of each amendment	(s) adoption:	, if other than th
date this document was signed		
••	10/14/2015	
Effective date <u>if applicable</u> :		
1	(no more than 90 days after amendment file date)	
:. 		
	this block does not meet the applicable statutory filing requirements, this date verified the Department of State's records.	vill not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/web by the shareholders was/web	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement and 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	'n	
	(voting group)	
•	(10111198 81.014)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
10/14	/2015	
Dated	2015	
	10 Call -	
	- Johnson	
Signature	y a director, president or other officer – if directors or officers have not been	<u> </u>
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court	
	pointed fiduciary by that fiduciary)	
	political materials of materials of	
	CARLOS A GALINDO	
	(Typed or printed name of person signing)	
**,	(Typed of printed name of person signing)	
	PDT	
	(Title of person signing)	