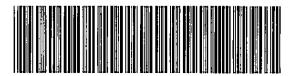
P15000062330

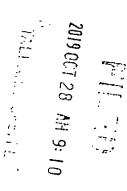
(F	Requestor's Name)	
(A	Address)	
(A	Address)	
(C	City/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nan	ne)
<u></u>	Document Number)	
(C	ocament Namber)	
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	
		1

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ACROPOLIS MEE	DITERRANEAN FOOD	
DOCUMENT NUMB	ER: P15000062330	_	
The enclosed Articles a	f Amendment and fee are sul	bmitted for filing.	
Please return all corresp	oundence concerning this mat	ter to the following:	
,	AUTUMN NICKELS		
-		Name of Contact Person	1
	ACROPOLIS MEDITERRAI	NEAN FOOD	
-		Firm/ Company	
:	5214 N NEBRASKA AVENI	UE	
-		Address	
•	ГАМРА, FL 33603		
-		City/ State and Zip Code	÷
OFFIC	E@IDINEGREEK.COM		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:at (813	231-3131
Name of Contact Person		at (Area Co	de & Daytime Telephone Number
	the following amount made p		·
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
Ame Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Inent Section on of Corporations Building Executive Center Circle USSEE, FL 32301

Articles of Amendment to Articles of Incorporation of

ACROPOLIS MEDITERRANEAN FOOD INC.

ACKOPOLIS MEDITERRANEAN FOOD INC.					
(Name of Corpor	ation as currently file	d with the Florida D	ept. of State)		
P15000062330					
(Doc	cument Number of Cor	poration (if known)			
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this <i>Flori</i>	da Profit Corporation	adopts the follo	owing amendn	nent(s) to
A. If amending name, enter the new name of the	corporation:				
				The ne	
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or to	orp," "Inc," or "Co".	A professional corp		ie abbreviatio	on
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I D. If amending the registered agent and/or registered agent and/or the new registered		n Florida, enter the n	: :: :: :ame of the	2010 OCT 28 Alt 9: 10	and a second and a
Name of New Registered Agent	·			_	
	(Florida street ad	ldress)			
New Registered Office Address:			, Florida		
	(City)		(.	Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		nd accept the obligati	ons of the position	on.	
	anature of New Registe	ered Agent if changin	· · ·		

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 Doc	
X Remove	<u>y</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	P	HASSAN WAEZ	5214 N NEBRASKA AVE
Add			TAMPA, FL 33603
X Remove			
2) Change	P	TAREK ARMOUSH	19004 WHITE OWL WAY
X Add			TAMPA, FL 33647
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			-
Remove			
5) Change		_	
Add			
Remove			
6) Change		_	
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
_		
		
		 -
		·
f an amendment provides for an excl	nange, reclassification, or cancellation of issue	ed shares,
provisions for implementing the amo	ndment if not contained in the amendment its	self:
(if not applicable, indicate N/A)		
	•••	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date <u>if applicable</u> :)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.	endment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The followin must be separately provided for each voting group entitled to vote separately on the amendment	
"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 s action was not required.	hareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and sharel action was not required.	nolder
10/21/2019 Dated	
s: ————————————————————————————————————	
Signature (By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or cappointed fiduciary by that fiduciary)	
HASSAN WAEZ	
(Typed or printed name of person signing)	_
P	
(Title of person signing)	