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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CLEWSTON JUIC	CES, INC.	
DOCUMENT NUMB			
The enclosed Articles (of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	KATHY KWOK		
•		Name of Contact Person	n
	NEIL J MORNICK, CPA		
-	 	Firm/ Company	
	11440 N KENDALL DRIVE	E, #204	
-		Address	· · · · · · · · · · · · · · · · · · ·
	MIAMI, FL 33176		
-		City/ State and Zip Cod	e
КАТЫ	Y@NJMCPA.COM		
		sed for future annual report	notification)
	to man address. (to be di	sed for future annual report	nonneationy
For further information	concerning this matter, pleas	se call:	
KATHY KWOK		at () 598-2224
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CLEWISTON JUICES, INC.			
(Name	of Corporation as current	tly filed with the Florida Dept. of State)	
P15000080714			
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the follow	ring amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
			The new
	nation "Corp," "Inc," or	on," "company," or "incorporated" or the "Co". A professional corporation name mu. "P.A."	abbreviation
R. Enter new principal office address	if applicable:	149 W HICKPOCHEE AVENUE	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		LABELLE, FL 33935	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SAME AS ABOVE	第二条例 第二字列
			
D. If amending the registered agent ar new registered agent and/or the ne			in gr
AVMANKAKI		-	,
Name of New Registered Agent	149 HICKPOCHEE AVE	NIIE	_
		reet address)	
LARGILE		33935	
New Registered Office Address:		(City) Florida	ip Code)
			<i>C</i> - · · · · ·
New Registered Agent's Signature, if c	hanging Registered Agen	t: with and accept the obligations of the position	_
Thereo, accept the appointment as regist	nereu agent. Tum jamitiar	with and accept the obligations of the position	ı.
V	114	9	
<u> </u>	MIT		
	Signature of New 1	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 Doc	
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>	<u>Addres</u> s
1) Change	PTV	НАІТНАМ КАКІ	340 E SUGARLAND HWY
Add			C
X Remove			CLEWISTON, FL 33440
2) Change	PTV	AYMAN KAKI	149 W HICKPOCHEE AVENUE
XAdd			LABELLE, FL 33935
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)
~/A	
	
If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
	ndment if not contained in the amendment itself:
(if not applicable indicate N/4)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A) N/A	
(if not applicable, indicate N/A)	

The date of each amendment date this document was signed.		, if other than the
Effective date if applicable:	AUGUST 1, 2017	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date vine Department of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes east for the amendment(s) are sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):	
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
DatedSignature	AVGIUST (. 20)	
(B se	y a director, president or buter officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	AYMAN KAKI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	