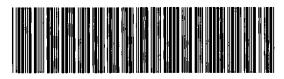
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: FLORIDA FOOD	DISTRICT, INC.			
DOCUMENT NUMBI	ER: P15000083025		*		
The enclosed Articles of	f Amendment and fee are su	ibmitted for filing.			
Please return all corresp	ondence concerning this ma	itter to the following:			
A	LEXANDRE BALLERINI				
		Name of Contact Person	1		
A	ALEXANDRE BALLERINI PA				
_		Firm/ Company			
9	27 LINCOLN ROAD SUTI	E 200			
_		Address			
N	MIAMI BEACH FL 33139				
_		City/ State and Zip Cod	2		
ALEV	SALEVDALLEDINILANI	COM			
ALEA	@ALEXBALLERINILAW.	sed for future annual report	natification)		
	E-man address. (10 be u.	sed for future affidar report	notification)		
For further information	concerning this matter, pleas	se call:			
ALEXANDRE BALLERINI		at (507 9699		
Name of Contact Person Area Code & Daytime Telephone					
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FLORIDA FOOD DISTRICT, INC.			
(<u>Name</u>	of Corporation as currer	tly filed with the Florida Dept. of State)	
P15000083025			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the fo	llowing amendment(s) to
A. If amending name, enter the new name of the corporation:			五二
	nation "Corp," "Inc," or	ion," "company," or "incorporated" or "Co". A professional corporation name "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		927 LINCOLN ROAD SUITE 200	18 K
		MIAMI BEACH FL 33139	2
		927 LINCOLN ROAD SUITE 200 MIAMI BEACH FL 33139	
D. If amending the registered agent an new registered agent and/or the ne	nd/or registered office ad w registered office addre	dress in Florida, enter the name of the	
Name of New Registered Agent	ALEXANDRE BALLER	RINI PA	
	927 LINCOLN ROAD S		
	(Florida s	treet address)	
New Registered Office Address:	MIAMI BEACH	, Florida 33	139
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis.	hanging Registered Ager tered agent. I am familian	nt: with and accept the obligations of the positions of the positions.	ition.
	Signatu s e of New	Revistered 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	DP	PHILIPPE CARTEAU	1749 NE MIAMI CT #511		
Add			MIAM1 FL 33132		
X Remove					
2) Change	P	NICOLAS POUSSARDIN	RUE D'ANTIBES 52		
X Add			CANNES, FR 06400		
Remove					
3) Change	·• · · · · · · · · · · · · · · · · · ·	······································			
Add					
Remove					
4) Change					
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Remove			- <u>-</u>		
5) Change					
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Remove					
6) Change					
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	ticles, enter change(s (Be specific)			
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				11
	hange, reclassificatio	on, or cancellation of	issued shares,	
rovisions for implementing the am	endment if not conta	ined in the amendm		
an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	endment if not conta	ined in the amendm	***************************************	
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an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	endment if not conta	ined in the amendm		

The date of each amendment(s) ad date this document was signed.	loption:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	lock does not meet the applicable statutory filing requirements, this date will no partment of State's records.	ot be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes east for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	pted by the board of directors without shareholder action and shareholder	
action was not required. Dated	rector, president or other officer – if directors or officers have not been diduciary by that fiduciary) Pule He CARAM (Typed or printed name of person signing)	,
-	Thesi deet -	
	(Little of person signing)	