P16000010112

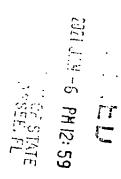
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V SHIKER

<u>COVER LETTER</u>

TO: Amendment Section Division of Corpor			. , ,
NAME OF CORPORA	VIION: CORAVI FOODS	CONSULTING, INC.	
DOCUMENT NUMBE			
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
(CARMEN MONTESDEOCA	1	
		Name of Contact Pe	rson
در	LDANA & ASSOCIATES		
_	· - · - · - · · · · · · · · · · · · · ·	Firm/ Company	
1	33 ROLLINS AVE SUITE	• •	
		Address	
R —	OCKVILLE, MD 20852		
		City/ State and Zip C	Code
Ą	CCOUNTING@ALDANA	S.COM	
_	E-mail address: (to be us	sed for future annual rep	port notification)
For further information of	concerning this matter, pleas	se call:	
CARMEN MONTESD	EOCA .	at (770-4901
Name of Contact Person		Area	Code & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida D	Department of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	& = \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. B	ng Address dment Section on of Corporations fox 6327 assee, FL 32314	Am Div The 241	eet Address endment Section ision of Corporations c Centre of Tallahassee 5 N. Monroe Street, Suite 810 lahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CORAVI FOOD CONSULTING, INC.

(Name o	of Corporation as curre	ntly filed with the Fle	orida Dept. of State)	
P16000010112				
	(Document Number	r of Corporation (if kr	iown)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corp	poration adopts the following	amendment(s) t
A. If amending name, enter the new no	ame of the corporation:			gr
name must be distinguishable and contair "Inc.," or Co.," or the designation "C "chartered," "professional association,"	"orp," "Inc," or "Co".	A professional corp	prporated" or the abbreviation	The new "Corp.," the word
B. Enter new principal office address,	if applicable:	N/A	•	٠,
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		N/A		
		N/A		1.2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	% C	
		N/A	بان ن ان ا	1:0
		N/A	r r	0
D. If amending the registered agent an new registered agent and/or the new			er the name of the	
Name of New Registered Agent	N/A			
	N/A			
	(Florida	street address)		
New Registered Office Address:	N/A		, Florida	
		(City)	(Zip Co	ide)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Age ered agent. I am familia	nt: ir with and accept the	obligations of the position.	٠
	Signature of New	Registered Agent, if a	changing	
	•	<i>Q</i>	** **	

lheck if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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>	<u>Name</u>	<u>Addres</u> s
1) Change	P	ANDREY AVILES	1673 SW 158TH TERRACE
Add			PEMBROKE PINES, FL 33027
X Remove			
2) Change	V	HERNAN A CORTES	1228 HANCOCK ST
Add			PHILADELPHIA, PA 19122
X Remove	þ	ELITE INVESTMENT GROUP LLC	4200 VEGAS DE SUENOS
X Add			SANTA FE, NM 87507
Remove			
Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
Change			
Add			
Remove			
_ Change			
_ Add			
Remove			

acn <i>additional shee</i>	g additional Art ets. if necessary).	(Be specific)				
						
			· · · -			
						
						
				·····		
					 	
						
				 		
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n amendment pro	vides for an exc	hange, reclassifi	cation, or cance	llation of issued	Leharee	
<u>ovisions for imple</u>	menting the ame	endment if not c	ontained in the	amendment itse	elf:	
(if not applicable	, indicate N/A)					
					·····	
					·····	-
				· · · · · · · · · · · · · · · · · · ·		
			~ ~~			

	10/22/2020	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
	22/2020	
Effective date <u>if applicable</u> :	() () () () () ()	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the D	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder act	on and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment ufficient for approval.	(s)
must be separately provided for	proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
11/20/2020		
Dated		
Signature		
	lirector, president or other officer - if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other counted 6 ductions by that 6 ductions	rt
аррон	nted fiduciary by that fiduciary)	
	ANDREY AVILES	
	(Typed or printed name of person signing)	
	PRESIDENT	