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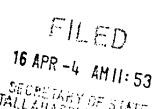
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: AM FOODS INC			
DOCUMENT NUMB	ER: P16000015752			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corresp	pondence concerning this mat	tter to the following:		
1	ALI SIDDIQUI			
-		Name of Contact Person	L	
2	AK BOOKKEEPING			
-		Firm/ Company		
Ģ	925 S MILITARY TRAIL D4	4		
-	Address			
,	WEST PALM BEACH, FL 3	3415		
-		City/ State and Zip Code	<b>)</b>	
ARAZ	A@ACCOUNTINGADVAN	NTAGEUSA.COM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	e call:		
ALI SIDDIQUI		at ( <u>561</u>	6350392	
Name o	f Contact Person	Area Coo	)de & Daytime Telephone Number	
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment of State:	
□ \$35 Filing Fee	S43.75 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 Ission of Corporations Box 6327 Ishassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



AM FOODS INC	TALLAHASSI DE STATE
(Name of Corporation as	currently filed with the Florida Dept. of State)
P16000015752	
(Document )	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	rutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
	The new
name must be distinguishable and contain the word "co". "Corp.," "Inc.," or Co.," or the designation "Corp," "I. word "chartered," "professional association," or the abbra	orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the eviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>(S</u> )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered of	ffice address in Florida, enter the name of the
new registered agent and/or the new registered office	e address:
Name of New Registered Agent	· ·
(1)	Florida street address)
New Registered Office Address:	, Florida
Hew Registered Office Matters.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	
hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
Signature	of New 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.

X Change	PT Jo	ohn Doe	
X Remove	<u>v</u> <u>N</u>	1ike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l)Change	P	ALI MASOOD	1671 FORUM PLACE
Add			WEST PALM BEACH, FL
X Remove			33401
2) Change	P	FAISAL MASOOD	1671 FORUM PLACE
X Add			WEST PALM BEACH, FL
Remove			33401
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		17	
Add			
Remove			

each additional sheets, if necessary).	(Be specific)
Allerta Company of the Company of th	1989
in amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
ovisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) a	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendmen ufficient for approval.	ıt(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following state reach voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	lder
The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	31/16	
Signature	lirector, president or other officer – if directors or officers have not bee	- <u> </u>
	d, by an incorporator – if in the hands of a receiver, trustee, or other co	
appoin	ited fiduciary by that fiduciary)	
	Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	