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18 JUN -5 AH ID: 31

AMD R. WHITE JUN 06 2018

COVER LETTER

TO: Amendment Section Division of Corporations

*****(

NAME OF CORPOR	RATION: BPS FOODS Corp)	
DOCUMENT NUMI	BER: P16000023496		
	of Amendment and fee are su	abmitted for filing.	
Please return all corres	spondence concerning this ma	itter to the following:	
	JUAN JOSE POLI		
		Name of Contact Perso	n
	BPS FOODS Corp		
	·	Firm/ Company	
	7180 NW 84TH AVE		
		Address	
	MIAMI, FL 33166		
		City/ State and Zip Cod	'e
ipoli@	Dbps-foods.com		
		sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
JUAN JOSE POLI		305 at () 9942155) de & Daytime Telephone Number
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Dep.	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)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 shassee, FL 32314	Amend Division Cliftor	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

18 JUN -5 AH 10: 31 BPS FOODS Corp P16000023496 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "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) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: _ 7180 NW 84th AVE, MIAMI , Florida (City) New Registered Agent's Signature, if changing Registered Agent: I 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.

Example: X Change	<u>PT</u> <u>J</u>	ohn Doe	
X Remove	<u>V</u> <u>A</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>v</u>	MUINO, ALBERTO J.	4151 NW 2nd Ave
Add			MIAMI, FL
X Remove			33127
2) Change	T	MUINO, ALBERTO J.	4151 NW 2nd Ave
Add			MIAMI, FL
X Remove			33127
3) Change	S	MUINO, ALBERTO J.	4151 NW 2nd Ave
Add			MIAMI, FL
X Remove			33127
4) Change	D	MUINO, ALBERTO J.	4151 NW 2nd Ave
Add			MIAMI, FL
X Remove			33127
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if ne	ional Articles, ente cessary) (Be spe	cific)			
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	,				
f an amendment provides fo	ran archanga rac	laccification of	cancellation of i	cenari charae	
provisions for implementing	the amendment if	f not contained	in the amendmen	t itself:	
(if not applicable, indica	te N/A)				
•					

			*		

date this document was signed.	220/10	
5 _ Effective date <u>if applicable</u> :	/29/18	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the locument's effective date on the	is block does not meet the applicable statutory filing requirements, this date will n Department of State's records.	ot be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
·		
5/29/18 Dated		
Ducu		
Signature		_
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands one receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	JUAN JOSE POLI	
	(Typed or printed name of person signing)	·
	PRESIDENT	
	(Title of person signing)	