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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: \_\_\_\_\_\_BERIA TRADE ASSOCIATION INC. DOCUMENT NUMBER: P16000053097 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DR. FLORIAN BRAICH Name of Contact Person Firm/ Company 9123 MILITARY TRAIL, SUITE 200 Address PALM BEACH GARDENS, FLORIDA 33410 City/ State and Zip Code abraich@gmail.com achraich@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DR. FLORIAN BRAICH Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section **Division of Corporations** 

Clifton Building

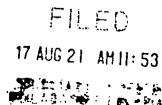
2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## Articles of Amendment to Articles of Incorporation of



(Name o	f Corporation as curren	tly filed with the Florida Dept. of State)	
IBERIA TRADE ASSOCIATION INC.			
	(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 following a	mendment(s)
A. If amending name, enter the new na	me of the corporation:		
FLORIDA UNIVERSAL EXPORTS IN	Ç.	T	he new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbi "Co". A professional corporation name must con "P.A."	reviation utain the
		N/A	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )			
• 55			
			<del></del>
C. Fatar and mailing address if appli	ankla.		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	OFFICE BOX)	N/A	
			<del></del>
D. If amending the registered agent an	d/or registered office ad	dress in Florida, enter the name of the	
new registered agent and/or the new	<u>v registered office addre</u>	<u>88:</u>	
Name of New Registered Agent	N\A		
	(Florida	street address)	
New Registered Office Address:	N/A	. Florida	
New Registered Office Address.		(City) (Zip Co.	de)
New Registered Agent's Signature, if c	hanging Registered Age	nt: r with and accept the obligations of the position.	
t nevery accept the appointment as regist	етеа адені і ат јатина	with that accept the ornigations 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>	John Doc	
X Remove	$\underline{\mathbf{V}}$	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		N/A	N/A
Add			
Remove			<del></del>
2) Change			
Add			
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 amount mand of for an arch	hange, reclassification, or cancellation of issued shares,	
it an amenoment provides for an exti	endment if not contained in the amendment itself:	
provisions for implementing the ame		
provisions for implementing the ame (if not applicable, indicate N/A)		
provisions for implementing the ame (if not applicable, indicate N/A)		
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provisions for implementing the ame (if not applicable, indicate N/A)		
provisions for implementing the ame (if not applicable, indicate N/A)		

The date of each amendment(s)	adoption:	, if other than the
late this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	n(s)
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	ment
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voling group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	lder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
AUGUS  Dated  Signature	T 7, 2017	
(By a selec	director, president or other officer – if directors of officers have not beeted, by an incorporator – if in the hands of a receiver, trustee, or other equinted fiduciary by that fiduciary)	
	DR. FLORIAN BRAICH	
	(Typed or printed name of person signing)	
	PRESIDENT/DIRECTOR	
	(Title of person signing)	