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## **COVER LETTER**

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Tallahassee, FL 32301

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: RRADY MY RID	E INC		
DOCUMENT NUMB	P01700003004			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	ADOLPHUS LINTON			
-		Name of Contact Person	n	
	IRIE FOOD DISTRIBUTOI	RS INC		
-		Firm/ Company		
-		Address		
	3810 DAVIE RD EXT APT	2105		
-		City/ State and Zip Cod	e	
DAVI	E FL 33024			
	E-mail address: (to be u	sed for future annual report	notification)	
For further information	concerning this matter, plea		. 8642933	
	f Contact Person	at (954	de & Daytime Telephone Number	
Name o	Contact Person	Area Co	de & Daytime Telephone Number	
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		

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current	ly filed with the Florida Dept. of State)		
RRDY MY RIDE INC			
(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
IRIE FOOD DISTRIBUTORS INC	The new		
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	3810 DAVIE RD EXT STE 2105		
(Principal office address MUST BE A STREET ADDRESS)	DAVIE FL 33024		
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 new registered agent and/or the new registered office address			
Name of New Registered Agent			
(Florida s	treet address)		
New Registered Office Address:	(City) , Florida (Zip Code)		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar  Signature of New	SECULO TALLANIA		

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	<u>PT</u>	John Doe	
X Remove	<u>V</u> <u>!</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	NEVILLE REYNOLDS	3810 DAVIE RD EXT STE 2105
X Add			DAVIE FL 33024
Remove			
2) Change	D	JASON MITCHELL	3810 DAVIE RD EXT STE 2105
<u>≯</u> Add			DAVIE FL 33024
Remove			
3) Change	<u>s</u>	MICHELLE KING	3810 DAVIE RD EXT STE 2105
Add			DAVIE FL33024
Remove			
4) Change	<del></del>		· · · · · · · · · · · · · · · · · · ·
Add			
Remove			·
5) Change			
Add			
Remove			
6) Change	-		
Add			
Remove			

Attach additiona	adding additional Armal sheets, if necessary).	(Be specific)	· · · · ·		
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f an amendmei provisions for	nt provides for an exc implementing the am	hange, reclassificendment if not co	cation, or cancell	ation of issued shimendment itself:	ares,
(if not appl	licable, indicate N/A)				
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			***	· · · · · · · · · · · · · · · · · · ·	
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than	90 days after amendment file date)
lote: If the date inserted in this block does not meet the app ocument's effective date on the Department of State's records.	licable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. T by the shareholders was/were sufficient for approval.	he number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled t	
"The number of votes cast for the amendment(s) was/w	
by(voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directo action was not required.	rs without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators w action was not required.	ithout shareholder action and shareholder
Dated OQ - 8 - 1	<del></del>
Signature	
(By a director, president or other of	ficer - if directors or officers have not been
	the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciar	у)
Neville ?	Reyno.loc d name of person signing)
(Typed or printe	d name of person signing)
Dia	e of or
(Titl	e of person signing)