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Amend

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: FRESH FOODS 3	05. INC.	-111
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	JOSEPH MASTRAPA		
		Name of Contact Person	1
	FRESH FOODS 305, INC.		
		Firm/ Company	
	1350 W MOWRY DRIVE	· ······· Company	
		Address	<del></del>
	HOMESTEAD, FLORIDA 3	33030	
		City/ State and Zip Cod	e
SALI	S@ISLASEAFOOD.COM		,
	E-mail address: (to be us	sed for future annual report	notification)
For further information	i concerning this matter, pleas		356-8086
Name o	of Contact Person	at ( Area Co	) 356-8086 de & Daytime Telephone Number
	the following amount made		
\$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)
Ame Divi P.O.	ling Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle essee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FRESH FOODS 305, INC.			
(Name o	of Corporation as curren	itly filed with the Florida Dept. of Sta	te)
P17000007687			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, thi	is Florida Profit Corporation adopts the	e following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc." or	"Co". A professional corporation na	or the abbreviation
B. Enter new principal office address,	if annlicable:	1350 W MOWRY DRIVE	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		HOMESTEAD, FL 33030	E n
			SAR 3-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1350 W MOWRY DRIVE	CO HO
		HOMESTEAD, FL. 33030	
D. If amending the registered agent an new registered agent and/or the new			e
Name of New Registered Agent	IOSEPH MASTRAPA		
	1350 W MOWRY DRIVE		
	(Florida :	street address)	
New Registered Office Address:	HOMESTEAD 33030		33030 a
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			nosition
The same of the sa		The same of the sa	· · · · · · · · · · · · · · · · · · ·

Page 1 of 4

Stenature 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 Doe	
X Remove	<u>Y</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	TRICIA FERNANDEZ	19851 SW 184 STREET
Add X Remove			MIAMI, FL 33187
2) X Change	P	JOSEPH MASTRAPA	1350 W MOWRY DRIVE
Add			HOMESTEAD, FL 33030
Remove 3) Change	S	JOSEPH MASTRAPA	1350 W MOWRY DRIVE
X Add			HOMESTEAD, FL 33030
Remove			
4) Change			
Add			
5) Change		<del>-</del>	
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
/A	
	<del></del>
	N
If an amandment arounds for an evol	nunga reclassification or cancellation of issued shares
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and in the amendment itself:
(if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis and analysis and an analysis analysis and an analysis and an analysis and an analysis and an an
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provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<del></del>
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this of document's effective date on the Department of State's records.	late will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	.(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	der
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated MARCH 31, 2017	
Signature	
(By a director, president or other officer - if directors of officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other corappointed fiduciary by that fiduciary)	art
TRICIA FERNANDEZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	