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And

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: HANDCRAFT ICE CREAM, INC. DOCUMENT NUMBER: P17000028892 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: BASSAM ALSALEH Name of Contact Person ACCOUNTING AND MORE OF TAMPA Firm/ Company 4815 E. BUSCH BLVD, STE 213 Address TAMPA, FL. 33617 City/ State and Zip Code BASSAMJ2007@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: BASSAM ALSALEH Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

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HANDCRAFT ICE CREAM, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
P17000028892
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
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:, Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
Thereby 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>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
_X Add	<u>sv</u>	Sally Su	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	SEC		ANNA LISSA SERRANO	4815 E. BUSCH BLVD.
X Add		<del></del>		110
Remove				TAMPA, FL. 33617
2) Change				<u></u>
Add				
Remove				
3 ) Change				
Add				
Remove				
4) Change				
<b>A</b> dd				
Remove				
5) Change				
Add				
Remove				
6) Change	-	_		
Add				
Remove				

attach additional sheets, if necessary).	(Be specific)				
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an amendment provides for an exclusions for implementing the amo	<u>hange, reclassi</u> endment if not	contained in th	i <u>cellation of iss</u> ne amendment	ueu snares, itself:	
(if not applicable, indicate N/A)				<del></del>	
			<del>_</del>		
		<u></u>	<del></del>		<del></del>
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The date of each amendment(s) adoptio	n: <u>3/28/17</u>	, if other than the
date this document was signed.	/ '	
Effective date <u>if applicable</u> :		<del>_</del> _
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Departm	loes not meet the applicable statutory filing requirements, ent of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficier	by the shareholders. The number of votes cast for the amend it for approval.	lment(s)
☐ The amendment(s) was/were approved must be separately provided for each	by the shareholders through voting groups. The following swoting group entitled to vote separately on the amendment(s	statement i):
	amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted baction was not required.	by the board of directors without shareholder action and share	reholder
☐ The amendment(s) was/were adopted baction was not required.	by the incorporators without shareholder action and shareholder	der
Dated 6/1//	7	
Signature		
selected, by a	president or other officer – if directors or officers have not in incorporator – if in the hands of a receiver, trustee, or other ideas by that fiduciary)	
<u>U</u>	(Typed or printed name of person signing)	
<u>\bullet</u>	(Title of person signing)	