PITCCCO 66880

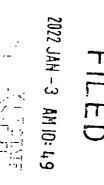
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TWISTER GOUR	MET, INC		
DOCUMENT NUM	BER:P17000066880			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	MARIA VALDEZ			
		Name of Contact Person		
	EASYBIZ FLORIDA			
		Firm/ Company		
	6554 BIRD ROAD			
		Address		
	MIAMI / FL 33155			
		City/ State and Zip Code		
	twistereasyfl@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
MARIA VALDEZ		at (2790573	
Name of Contact Person		at (305 Area Code & Daytime Telephone Number		
Enclosed is a check f	or 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

0	t
TWISTER GOURMET, INC	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P17000066880	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	7339 SW 82ND ST APT 5
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, Fl. 33143
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7339 SW 82ND ST APT 5
· · · · · · · · · · · · · · · · · · ·	MIAMI, FL 33143
	and the second
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	dress in Florida, enter the name of the
Name of New Registered Agent	
(Florida s	areet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familian	nt: r with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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:	:, (1114 -141	ij Smin, or as an reac		
X Change	<u>PT</u>	John Doe		
X Remove	$\underline{\mathbf{Y}}$	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	DT	VALDEZ URDANETA, DAVID A	Av Andolza Manrique, Res Costa	
Add			Dorada 223, Pampatar, Nueva	
X Remove			Esparta, VE 6316 VE	
2) Change	DP	COBARRUBIA RUSSO, MARIA A	Av Andolza Manrique, Res Costa	
Add			Dorada 223, Pampatar, Nueva	
X Remove		CONTACT EXAMPLIA DIVAS	Esparta, VE 6316 VE	
3) Change	V	GONZALEZ SNAIDERO, DIMAS	Calle El Recreo, Mar Serenam	
Add			Ap.824 Jorge Call, Nueva Esparta	
X Remove			VE 6316 VE	
4) Change	P	LEONARDO E. ALBORNOS E.	Av Circunvalacion el Sol	
X Add			Res Casas del Sol Apt 104	
Remove			Pampatar, Venezuela	
	V	BALNAI BUHL DE MENDOZA	Calle Miragua Edf. Eden Tropical	
X Add			Piso1 . Apt 9, Playa el Agua	
Remove			Isla de Margarita, Venezuela	
Kemove				
6) Change				
Add				
Remove				

	or adding additional Artional sheets, if necessary)	. (Be specific)	<u> </u>		
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		<u>:hange,</u> reclassificatio	on, or cancellation of i	ssued shares,	
an amend	ment provides for an exc			nt itself:	
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provisions	ment provides for an exc for implementing the am applicable, indicate N/A)	endment if not conta	uned in the amendme	71 K. K. T. T.	
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	DECEMBER 21, 2021	
The date of each amendment(s)) adoption:	, if other than the
date this document was signed.	DECEMBER 21, 2021	
Effective date if applicable:	PECENIDER 21, 2021	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without shareholder action	and shareholder
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):	t .
	ast for the amendment(s) was/were sufficient for approval	Now Malos
by	(voting group)	**************************************
	{(<u>@</u>)	MARIA V. VALDEZ) MY COMMISSION # HH 176064 EXPIRES: September 16, 2025
12/21/20 Dated)21	WWW.
	The same of the sa	
Signature(By a	director, president or other officer – if directors or officers have not been	
selec	cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
	PRESIDENT	
	(Typed or printed name of person signing)	
	LEONARDO E. ALBORNOS E.	
	(Title of person signing)	