P1700099413

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<u>COVER LETTER</u>

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	NO LABEL FOOD COR	P	",		
DOCUMENT NUMBER:	P17000092413				
The enclosed Articles of Amend	ment and fee are submitted for	or filing.			
Please return all correspondence	concerning this matter to the	following:			
JORG	SE A LOPEZ				
	Name	of Contact Perso	n		
ACC	ACCOUNTING & FINANCIAL PLANNING INC				
	Firm/ Company				
13701	13701 SW 88 STREET SUITE 200A				
	Address				
	MAMI FL 33186				
	City/ S	tate and Zip Cod	e		
	UNTINGFINANCIAL@HO				
E-ma	il address: (to be used for futi	re annual report	notification)		
For further information concerni	ng this matter, please call:				
JORGE A LOPEZ		305	388-8406		
Name of Contact	Person		de & Daytime Telephone Number		
Enclosed is a check for the follow	ring amount made payable to	the Florida Depa	ertment of State;		
	ificate of Status Certifi (Additi	5 Filing Fee & ed Copy onal copy is ed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Addre Amendment Se Division of Co P.O. Box 6327 Tallahassee, FI	ction porations	Amend Division The Ce	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

NO LABEL FOOD CORP

(<u>Name</u>	of Corporation as currentl	y filed with the Florida Dept. of State)
	000092413	
	(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	7,1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new r	name of the corporation:	
name must be distinguishable and contai "Inc.," or Co.," or the designation " "chartered," "professional association,	Corp. "Inc. or "Co" A	The new company, "or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address.	if applicable:	27 N MIAMI AVENUE
(Principal office address MUST BE A.S.	STREET ADDRESS)	MIAMI FL 33128
C. Enter new mailing address, if apple (Mailing address MAY BE A POST) D. If amending the registered agent an new registered agent and/or the new registered	OFFICE BOX) ad/or registered office address:	
Name of New Registered Agent	CARLOS ERICK G	GONZALES VELASQUEZ
	27 N MIAMI AVENUE	
New Registered Office Address:	(Florida stre	
	(City) (Zip Code)
New Registered Agent's Signature, if continuous the deposite of the supposite of the suppos	hanging Registered Agent: ered agent. I um familiar w	ith and accept the obligations of the position. 65
X	,	24
	Signature of New Reg	gistered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pr	urcuent to 607.0120.(11).() F.C.
 incomment(s) is/are being filed presented and selections. 	ursuant to 6. 607.0120 (11) (e	o. 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:

X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change	P 	JOHNNY ORTE	GA	36 NE IST STREET SUITE 601
Add				MIAMI FL 33132
XX Remove				
2) Change	P	CARLOS ER	CK GONZALES	VEL 2750 WEYMI AVENUE
XX Add				MIAMI FL 33132
Remove 3) Change		<u> </u>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				- -

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
	-	
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an amendment provides for an excha-	nge, reclassification, or cancellation of iss	sued shares,
orovisions for implementing the amen (if not applicable, indicate N/A)	dment if not contained in the amendment	itself:
(i) nor applicame, maicute N/A)		
		
		_
		
		

The date of each amendment(s) adoption: _date this document was signed.	09/19/20	, if other than the
	09/19/20	ii other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, th of State's records.	is date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by the action was not required.	ne incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	ie shareholders. The number of votes cast for the amendm r approval.	nent(s)
must be separately provided for each votin	the shareholders through voting groups. The following stanger group entitled to vote separately on the amendment(s):	itement
"The number of votes east for the am	endment(s) was/were sufficient for approval	
by	<u> </u>	
- (P.)	oting group)	
Dated	9/19/20	
Signature		
selected, by an inc	sident or other officer – if directors or officers have not be corporator – if in the hands of a receiver, trustee, or other by by that fiduciary)	cen
CARLOS	GONZALES DE VELASQUEZ	
<u> </u>	(Typed or printed name of person signing)	
PRESIDE	NT	
-	(Title of person signing)	