## P170000 49831

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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(Bu	rsiness Entity Nan	ne)
(Do	cument Number)	
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: MANA MEAT SO	LUTIONS INC		
	BER: P17000099831			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	CARMEN MONTESDEOCA			
		Name of Contact Person		
ALDANA & ASSOCIATES				
		Firm/ Company		
133 ROLLINS AVE STE 1				
Address				
ROCKVILLE, MD 20852				
		City/ State and Zip Code	•	
	ACCOUNTING@ALDANA	S.COM		
		sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call;		
CARMEN MONTES	DEOCA	at ( 301	770-4901	
Name	of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	urtment of State:	
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 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		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

MANA	MEAT	SOLUT	IONS.	ואל
	1711-711	C11,71517 1		

(Name o	of Corporation as curre	ntly filed with the Florid	la Dept. of State)	
P17000099831				
	(Document Number	r of Corporation (if know	n)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corpord	ation adopts the following	g amendment(s)
A. If amending name, enter the new na	ime of the corporation:			
N/A				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contraction," chartered," "professional association,"	lorp, " "Inc," or "Co".	A professional corpore	rated" or the abbreviatio tion name must contair	n "Corp" i the word
B. Enter new principal office address,				
(Principal office address MUST BE A S		N/A		63
		N/A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
		N/A		<u> </u>
		N/A		
D. If amending the registered agent ar new registered agent and/or the new			the name of the	
Name of New Registered Agent	N/A			_
	N/A			
	(Florida	street address)		•
New Registered Office Address:	N/A		Florida	
		(City)	eZip (	ode)
New Registered Agent's Signature, if c	hanging Registered Age	ent:		
I hereby accept the appointment as regist			igations of the position.	
	Signature of New	Registered Agent, if cha	nging	,
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 Doc 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	$\underline{\mathbf{PT}}$	John Doe	
X Remove	$\underline{V}$	Mike Jones	
<u>X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>v</u>	ANDREY AVILES	1673 SW 158TH TERRACE
Add			PEMBROKE PINES, FL 33027
X Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach	ending or adding additional Articles, enter change(s) here: (additional sheets, if necessary).—(Be specific) (OVING THE VICE-PRSIDENT ANDREY AVILES, THE ONLY INCOPRORATOR IS THE PRESIDENT)
JAN CA	ARLOS ORELLANA.
<del></del>	
prov.	mendment provides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself: if not applicable, indicate N/A)
A	

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	,	
	01/01/2020	المام الم
The date of each amendment(s)	adoption:	if other than the
late this document was signed.	01/2020	
Effective date <u>if applicable</u> :	01/2020	
<u></u>	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the E	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 ac action was not required.	lopted by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
must be separately provided fo	oproved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s); the forthe amendment(s) was/were sufficient for approval.	,
by	(voting group)	
,	(voting group)	
08/31/202 Dated		
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	<del></del>
	JUAN CARLOS ORELLANA	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)