P18000061770

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TOSS UP SALADS	S DANIA INC			
DOCUMENT NUM	P18000061770				
The enclosed Article	s of Amendment and fee are sub	omitted for filing.			
Please return all corr	espondence concerning this mat	ter to the following:			
	PAUL THAYIL, CPA				
		Name of Contact Person)		
	PAUL THAYIL, CPA, PA				
		Firm/ Company			
	5400 S UNIVERSITY DRIV	E, SUITE 111			
		Address			
	DAVIE, FL 33328				
	·	City/ State and Zip Code	2		
	PTHAYILCPA@IFRIENDL	Y.COM			
	E-mail address: (to be us	ed for future annual report	notification)		
For further informati	on concerning this matter, pleas	e call:			
EMIL DOTEL		at (at (536-5531		
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check t	or the following amount made p	payable to the Florida Depa	artment of State:		
☐ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$3.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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

TOSS UP SALADS DANIA INC

TOSS OF SALADS DANIA INC	
(<u>Name of Corporation as cur</u>	rrently filed with the Florida Dept. of State)
P18000061770	
(Document Num	nber of Corporation (if known)
Oursuant to the provisions of section 607,1006, Florida Statutes ts Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
GOJI JUICERY & KITCHEN DANIA INC	The new
	on," "company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word P.A."
3. Enter new principal office address, if applicable:	28
Principal office address <u>MUST BE A STREET ADDRESS</u>)	F.3
	, <u>, , , , , , , , , , , , , , , , , , </u>
. Enter new mailing address, if applicable:	 .
(Mailing address MAY BE A POST OFFICE BOX)	
	2: u
	70
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad Name of New Registered Agent	
(Flor	rida street address)
New Registered Office Address:	, Florida
Hen Registered Comice Madress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered / I hereby accept the appointment as registered agent. I am fam	
Signature of N	New Registered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120	O(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)

Example:

Please note the officer/director title by the first letter of the office title:

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.

X Change	<u>PT</u>	<u>John Do</u>	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change		<u> </u>		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				<u>-</u>
Add				
Remove				
6) Change				
Add				•
Remove				
Kemove				

cttach <i>additi</i> e	or adding additional sheets, if nec	vessary). (Be	specific)				
							
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<u>an amendi</u> rovisions f	ment provid <u>es fo</u> or implementing	<u>r an exchange</u> the amendm	<u>ent if not con</u>	hon, or cancell tained in the a	<u>ation of issuc</u> mendment it	ed shares, self:	
(if not a	pplicable, indicat	e N/A)	CHI HOL COLL				
							
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-	-						
					 		
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The date of each amendment(s) adoption:	. if	other than th
date this document was signed.		
JULY 20, 2020 Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does redocument's effective date on the Department of	not meet the applicable statutory filing requirements, this date will not be f State's records.	oe listed as th
Adoption of Amendment(s) (CI	HECK ONE)	
The amendment(s) was/were adopted by the action was not required.	e incorporators, or board of directors without shareholder action and share	holder
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s) approval.	
	ne shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amo	endment(s) was/were sufficient for approval	
by	;"	
(vo	ting group)	
Dated 7/20/20		
Signature & mil		
(By a director, presented, by an inc	sident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court by by that fiduciary)	
EMIL DO	TEL	
	(Typed or printed name of person signing)	
OWNER/	PRESIDENT	
	(Title of person signing)	