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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: URBAN DELICIO	OUS INC		
DOCUMENT NUMI	BER:			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	Lawton Blackwood			
		Name of Contact Perso	n	
		Firm/ Company		2019
	2923 Folklore Drive			7
		Address		2
	Valrico, Florida 33596			- % - ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
		City/ State and Zip Coo	le	
ackwa	afoods@gmail.com			() 2
		sed for future annual repor	t notification)	— <u>;</u> ;
Car Curbor in Commetic	a concerning this matter when	on calls		
ror further information	n concerning this matter, pleas	e can.		
Lawton Blackwood		at (453-0053	
Name o	of Contact Person		ode & Daytime Telephone	Number
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	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)	
	ling Address		Address	
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327			on of Corporations	
	Box 6327 ahassee, FL 32314		n Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

(Name of Corporation as	currently filed with the Florida Dept. of State)
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Stati its Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corpor	ation:
	The new
	prporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the eviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRES</u>	
	23 2
C. Enter new mailing address, if applicable:	THE COUNTY IN
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	<u> </u>
	500 p
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	
(1	Clorida street address)
New Registered Office Address:	, Florida
The Meginici ca Office Maness.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am	
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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) x Change	P	SHAWNTORIAH HOUSTON GLEI	2964 Ashland Lane South
Add			Kissimmee
Remove			Florida 34741
2) X Change	P	SHAWNTORIA HOUSTON GLEE	2964 Ashland Lane South
Add			Kissimmee
Remove			Florida 34741
3) Change			
Add			
Remove			2013
4) Change Add			JAN 22 P
Remove			5. 5. 9. 5. 9. 5. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9.
5) Change		 	;; .o
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)		
			
			
			
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		JAN 22 ABASCE	مامون د مدو
		22	•
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			\.
			
f an amendment provides for an exch	ange, reclassification, or cancellation of issued si	hares,	
provisions for implementing the ame	ndment if not contained in the amendment itself:		
(if not applicable, indicate N/A)			
	· ··· · · · · · · · · · · · · · · · ·	 	
		. ,.	
	· · · · · · · · · · · · · · · · · · ·		

•	January 16,2019	
The date of each amendment(s)	adoption:	_, if other than th
date this document was signed.	16 2010	
Effective date <u>if applicable:</u>	nuary 16,2019	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will bepartment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	et for the amendment(s) was/were sufficient for approval	-
by	. 5	!]
	(voting group)	اه به من ا اه دد
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder $\frac{2}{2}$	
The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and shareholder.	i }
January 1 Dated	6,2019	
Signature 4	rulen 15/ischwood	
(By a	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	
a pp oi	nted fiduciary by that fiduciary)	
	Lawton Blackwood	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	