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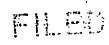
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	Cusina Organica,	lne				
DOCUMENT NUMB	P190000025810					
The enclosed Articles 6	of Amendment and fee are su	abmitted for tiling.				
Please return all corres	pondence concerning this ma	itter to the following:				
	Kefren Arjona					
-	Name of Contact Person Cucina Organica, inc					
-	860 NE 79th St STE B	Firm/ Company				
-	Address Miami, FL 33138					
-		City/ State and Zip Code	<u> </u>			
donke	fren@hotmail.com					
·	E-mail address; (to be u	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
Kefren Arjona		305 at (409-1199			
Name o	Name of Contact Person at () Area Code & Daytime Telepho		de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:			
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Amer Divis	ing Address idment Section ion of Corporations	Amend Divisio	Address ment Section n of Corporations			

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Cusina Organica, Inc.

2519 MAY 23 A 1 88

<u> </u>	Care
(Name of Corporati	on as currently filed with the Florida Dept. of State) (1985)
P19000025810	TAELAHACSEE, BLOGA #
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Floridatist Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the co	orporation:
Cueina Organica, Inc	The new
	d "corporation," "company," or "incorporated" or the abbreviation "," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADL</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>
D. If amending the registered agent and/or register new registered agent and/or the new registered	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	ristered Agent
	I am familiar with and accept the obligations of the position.
Sion	vature 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.

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>	<u>Addres</u> s
1) Change		<u> </u>	
Add			
Remove			
2) Change			
Add			
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)
, <u>, , , , , , , , , , , , , , , , , , </u>	
If an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<u> </u>	

April 19, 2019

The date of each amendment(s) adoption:	, if other than the
date this document was signed. May 1st, 2019	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date widocument's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated Dated	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed number person signing)	
(Title of person signing)	