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C.T. Z. J. Lo.J.

### **COVER LETTER**

TO: Amendment Section Division of Corporations

	ATIONAL GROUP INC.	
NAME OF CORPORATION: P19000061922	<u> </u>	<del></del>
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	ter to the following:	
MARTINEZ ZORRILLA, Y	MEL	
MEATS INTERNATIONAL	Name of Contact Person GROUP INC	n
9002 CHAMPAN OAK CT	Firm/ Company	
PALM BEACH GARDENS	Address FL 33410	
	City/ State and Zip Code	e
bonillathomas@hotmail.com		
E-mail address: (	to be used for future annua	report notification)
For further information concerning this matter, pleas	e call:	
DIOGENES FERMIN	954 at (	434 1181 )
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made [	bayable to the Florida Depa	ortment of State:
S35 Filing Fee	□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 Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

### Articles of Amendment to Articles of Incorporation of

MEATS INTERNATIONAL GROUP INC.

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(Name of Companyion of	a numerate flad with the F	larida Dont of Stata)	<del>- 1 11 31</del> 58
(Name of Corporation a: P19000061922	s currently filed with the F	iortua Dept. or State)	
17000001322	1		
(Docume	nt Number of Corporation (i	f known)	<del></del>
Pursuant to the provisions of section 607 Incorporation:	7.1006, Florida Statutes, this	corporation adopts the following	amendment(s) to its Articles of
A. If amending name, enter the new name, and Applicable.	ame of the corporation:		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	uation "Cop," "Inc," or "	Co". A professional corporation	I" or the abbreviation
		Not Applicable.	
B. Enter new principal office address. (Principal office address MUST BE A S			<del></del>
	,		
	į	· · · · · ·	<del></del>
C. Enter new mailing address, if appl		Not Applicable.	
(Mailing address <u>MAY BE A POST</u>	OFFICE EOX		
			<del></del>
D. If amending the registered agent ar	id/or registered office add:	ress in Florida, enter the name of	'the
new registered agent and/or the ne			
	Not Appl cable.		
Name of New Registered Agent		<del>.</del>	
	(Florida st	reet address)	
r n	Not Applicable.	F1 = 4.	
New Registered Office Address:	(City)	, Florida	(Zip Code)
	(0.9)		(inf civil)
New Registered Agent's Signature, if c	hunging Pagistered Agent		
I hereby accept the appointment as regis			he position,
			•
Si	gnature of New Registered A	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 addled:

(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; 5= 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. Ci rrently 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 PT John Doc X Remove $\mathbf{V}$ Mike Jones $_{\rm X}$ Add SVSally Smith Address Type of Action Title Name (Check One) FERMIN DANIEL DIOGENES 9002 CHAMPAN OAK CT 1) \_\_\_\_ Change PALM BEACH GARDENS \_\_ Add FL 33410 Remove FERMIN DANIEL DIOGENES 9002 CHAMPAN OAK CT S 2) \_\_\_ Change PALM BEACH GARDENS \_\_\_\_ Add FL 33410 Remove 3) Change \_\_\_ Add Remove 4) \_\_\_\_ Change \_\_\_\_ Add \_\_ Remove 5) \_\_\_\_ Change \_\_\_\_ Add \_ Remove 6) \_\_\_\_ Change \_\_\_\_ Add Remove

	(Be specific)
Applicable.	
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If an amendment provides for an exchai	inge, reclassification, or cancellation of issued shares,
	dment f not contained in the amendment itself:
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\_\_\_\_\_, if other than the The date of each amendment(s) adoption: date this document was signed. 09/17/2019 Effective date if applicable: (no more than 90 days after amendment file date) (CHECK! ONE) Adoption of Amendment(s) ☐ The amendment(s) was/were adopted by the share holders. The number of votes east 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 east for the amendment(s) was/were sufficient for approval THREE 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. 09/17/2019 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 name of person signing) (Title of person signing)

09/17/2019