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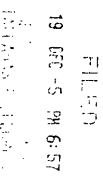
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S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: FOOD MEATS EN	NTERPRISE, INC	
DOCUMENT NUM	BER: P19000062787		
The enclosed Articles	of Amendment and fee are su	bmitted for tiling.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ARIF AHMED		
		Name of Contact Person	
		Firm/ Company	
	2231 DEL PRADO BLVD S		
		Address	- · · · · · · · · · · · · · · · · · · ·
	CAPE CORAL FLORIDA 3	3990	
		City/ State and Zip Code	:
ARII	@MUNTRADING.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
ARIF AHMED		at (9853162
Name of Contact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	irtment of State:
S35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

FOOD MEATS ENTERPRISE INC

(1)		D
<u>(Name of Corporatio</u> 219000062787	on as currently filed with the Florida	Dept. of State)
	All and the second second second second	
(Docum	nent Number of Corporation (if known))
ursuant to the provisions of section 607.1006, Florida s Articles of Incorporation:	Statutes, this Florida Profit Corporat	ion adopts the following amendment
. If amending name, enter the new name of the co	orporation:	
		The new
ume must be distinguishable and contain the word "co lnc.," or Co.," or the designation "Corp," "Inc," chartered," "professional association," or the abbre	or "Co". A professional corporat	
Enter new principal office address, if applicable	:	
Principal office address <u>MUST BE A STREET ADD</u>		
		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	X)	
	<u></u>	
		<u> </u>
		₹ - FR - m
If amending the registered agent and/or register new registered agent and/or the new registered (ie name of the
new registered agent amajor the new registered	Wife address.	<u></u>
Name of New Registered Agent		<u> </u>
		舞台 in
	(Florida street address)	
New Registered Office Address:		Florida
New Registered Office Address.	(Cuy)	(Zip Code)
	(Cuy)	(Zip Code)
ew Registered Agent's Signature, if changing Regi		
hereby accept the appointment as registered agent.		gations of the position.
	<u> </u>	
Signa	iture of New Registered Agent, if chang	zing

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 Doc		
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>	Address	
1) Change	P	MAHIR MURSHED	2231 DEL PRADO BLVD S	
Add			CAPE CORAL FL 33990	
X Remove				
2) Change	P	MOHAMMED ZAHRAN	2231 DEL PRADO BLVD S	
X_{Add}			CAPE CORAL FL 33990	
Remove 3) Change	VP	ARIF AHMED	2231 DEL PRADO BLVD S	
X Add			CAPE CORAL FL 33990	
Remove				
4) Change				
Add				
Remove				
5) Change		<u> </u>		
Add				
Remove			.	
6) Change			_	
Add				
Remove				
		Page 2 of 4		
E. If amending or additional she		onal Articles, enter change(s) here: cessary). (Be specific)		

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	i
	•
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
 	
Page 3 of 4	
The date of each amendment(s) adoption: DECEMBER 3, 2019	than the
The date of each amendment(s) adoption: DECEMBER 3, 2019	than the

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amenda	nent(s) (<u>CHECK ONE</u>)
	was/were adopted by the shareholders. The number of votes cast for the amendment(s) s was/were sufficient for approval.
• •	was/were approved by the shareholders through voting groups. The following statement 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) action was not requ	was/were adopted by the board of directors without shareholder action and shareholder nired.
The amendment(s) action was not requ	was/were adopted by the incorporators without shareholder action and shareholder nired.
Dat	DECEMBER 3 ₇ 2019
Sign	nature / //
C	(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)
	MOHAMMED ZAHRAN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)