## P190000 83354

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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: V & V FOOD CORP DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: WILLIAM SAEL BRITO LUCENA Name of Contact Person V & V FOOD CORP Firm/ Company 12680 NW 32 CT Address SUNRISE FL 33323 City/ State and Zip Code WILLIAMSAEL@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (214 ) 235-4090
Area Code & Daytime Telephone Number WILLIAM SAEL BRITO LUCENA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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

V & V FOOD CORP	
(Name o	f Corporation as currently filed with the Florida Dept. of State)
P19000083354	
-	(Document Number of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new na	ame of the corporation:
	the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," Torp.," "Inc," or "Co". A professional corporation name must contain the word or the abbreviation "P.A."
B. Enter new principal office address, (Principal office address MUST BE A S	
C. Enter new mailing address, if applia (Mailing address MAY BE A POST)  D. If amending the registered agent and new registered agent and/or the new	od/or registered office address in Florida, enter the name of the
	WILLIAM SAEL BRITO LUCENA
Name of New Registered Agent	
New Registered Office Address:	12680 NW 32 CT SUNRISE FL 33323
	(Florida street address)
	12680 NW 32 CT SUNRISE . Florida 33323
	(City) (Zip Code)
	hanging Registered Agent: tered agent. I am familiar with and accept the obligations of the position.  Signature of New Registered Agent, if changing
	Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (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)

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	$\underline{\mathbf{v}}$	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	V/P	MEY LENG CHANG APONTE	12680 NW 32 CT
Add			SUNRISE FL 33323
X Remove			
2) Change	D	MEY LENG CHANG APONTE	12680 NW 32 CT
X Add			SUNRISE FL 33323
Remove 3) Remove	V/P	JESUS A ANGULO LUCENA	8965 NW 98TH AVE
X Add			DORAL, FL. 33178
Remove			
4) Change	· · · · · · · · · · · · · · · · · · ·		
Add			And the state of t
Remove			
5) Change			
Add			<del>.</del>
Remove			
6) Change			
Add			
Remove			

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an amendment provides for an exch	ange reclassification o	r cancellation of iss	med shares	
provisions for implementing the ame	ndment if not contained	in the amendment	itself:	
(if not applicable, indicate N/A)				
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The data of each	06/05/2020 amendment(s) adoption:	, if other than th
date this documen	• • • • • • • • • • • • • • • • • • • •	, if other than th
	06/05/2020	
Effective date if:	applicable: (no more than 90 days after amendment file	date)
	(no more man 20 days agree amendment file	uuici
	e inserted in this block does not meet the applicable statutory filing require tive date on the Department of State's records.	ements, this date will not be listed as th
Adoption of Amo	endment(s) ( <u>CHECK ONE</u> )	
The amendment action was not	nt(s) was/were adopted by the incorporators, or board of directors without sl t required.	hareholder action and shareholder
	ent(s) was/were adopted by the shareholders. The number of votes cast for the olders was/were sufficient for approval.	ne amendment(s)
	ent(s) was/were approved by the shareholders through voting groups. The for rately provided for each voting group entitled to vote separately on the amen	
"The nui	mber of votes cast for the amendment(s) was/were sufficient for approval	
by	· · · · · · · · · · · · · · · · · · ·	
,	(voting group)	
	06/04/2020	
	Dated	
	Signature X V. S. B.	
	(By a director, president or other officer – if directors or officers selected, by an incorporator – if in the hands of a receiver, truste appointed fiduciary by that fiduciary)	
	WILLIAM SAEL BRITO LUCENA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	