P19 0000 90271

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R. WHITE. JAN 25 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION:	DISTRIBUTORS, INC	
DOCUMENT NUM	1BER:		
	es of Amendment and fee are su	bmitted for filing.	
Please return all con	respondence concerning this ma	itter to the following:	
	Shantall Benzaquen		
		Name of Contact Persor	<u> </u>
	Woopi Brands Distributors D	NC	
	Firm/ Company		
	800 SE 4TH AVE, STE 106		
		Address	
	HALLANDALE BEACH, FI	L 33009	
		City/ State and Zip Code	2
	multibrandcapital@gmail.com	n	
		sed for future annual report	notification)
For further informati	ion concerning this matter, pleas	se call:	
			0734001
Shantall Benzaquen		at (9728901 de & Daytime Telephone Number
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ai Di P.	ailing Address mendment Section vision of Corporations O. Box 6327 dlahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section In of Corporations Entre of Tallahassee S. Monroe Street, Suite 810 Essee, FL 32303

Articles of Amendment to Articles of Incorporation

of

WOOPI BRANDS DISTRIBUTORS, INC.

(Name of Corporation as currently	filed with the Florida Dept. of State)
P19000090271	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	·
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	
D. If amending the registered agent and/or registered office addronew registered agent and/or the new registered office address:	ess in Florida, enter the name of the
· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing
Charle 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)

Example:

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>b.l.</u>	<u>John Doe</u>	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>şv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	DIR	Bernardo Roizental	800 SE 4TH AVESUITE 106
Add			HALLANDALE BEACH FL 3300
Remove 2) Change	DIR	Shantall Benzaquen	3530 MYSTIC POINTE DR
XAdd			APT 2815, AVENTURA FL 3318
Remove Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

lf amending or adding additional Arti Attach <i>additional sheets, if necessary).</i>	(Be specific)
_ 	
-	
	
	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	-

	11/23/2020	'C a a a
The date of each amendment(s) add date this document was signed.	ption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date	e)
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requirement artiment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors without sharel	holder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the articient for approval.	nendment(s)
	oved by the shareholders through voting groups. The follow, ich voting group entitled to vote separately on the amendment	
	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
Dated DF Signature (By a dire selected.	ctor, president of other efficer – if directors or officers have by an incorporator – if in the hands of a receiver, trustee, or	
appointed	I fiduciary by that fiduciary)	
_	BONNARDO KOI FONFA (Typed or printed name of person signing)	<u>. </u>
	(Typed or printed name of person signing)	
	DINUTION	
_	(Title of person signing)	

the property of the second