

P2000000 34/100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

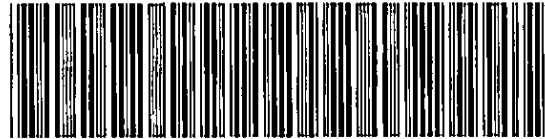
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2020 JUL 21 PM 12:30
JUL 21 2020

JUL 22 2020

S. YOUNG

**CORPORATE
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WALK IN

PICK UP: 07/21/2020

- ☐ **CERTIFIED COPY** _____
- XX** **PHOTOCOPY** _____
- ☐ **CUS** _____
- XX** **FILING** AMENDMENT _____

1. GLOBAL FOOD DISTRIBUTION INC.
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Global Food Distribution Inc

DOCUMENT NUMBER: P20000034106

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Irina Roth Neumann, Esq.

Name of Contact Person

Roth Private Advising Law

Firm/ Company

78 SW 7th St., Suite 500

Address

Miami, FL 33130

City/ State and Zip Code

irina@rothpalaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Irina Roth Neumann, Esq. at (305) 798-8878
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

to
Articles of Incorporation
of

Global Food Distribution Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

P20000034106

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

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2020 JUL 21 PM 12:30
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

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 address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street 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 with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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:**

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>D</u>	<u>TERESA SABINO</u>	<u>8814 West Flagler ST Apt 209</u>
<input checked="" type="checkbox"/> Add			<u>Miami FL 33174</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>D</u>	<u>JOSEPH BRAKHA</u>	<u>AV LAS MESETAS EDIF.</u>
<input type="checkbox"/> Add			<u>CAMINO REAL, APTO 91-A</u>
<input checked="" type="checkbox"/> Remove			<u>SANTA ROSA DE LIMA, CARACAS, VE</u>
3) <input type="checkbox"/> Change	<u>D</u>	<u>NANCY DE BRAKHA</u>	<u>AV LAS MESETAS EDIF.</u>
<input type="checkbox"/> Add			<u>CAMINO REAL, APTO 91-A</u>
<input checked="" type="checkbox"/> Remove			<u>SANTA ROSA DE LIMA, CARACAS, VE</u>
4) <input type="checkbox"/> Change	<u>D</u>	<u>JENNY BRAKHA</u>	<u>AV LAS MESETAS EDIF.</u>
<input type="checkbox"/> Add			<u>CAMINO REAL, APTO 91-A</u>
<input checked="" type="checkbox"/> Remove			<u>SANTA ROSA DE LIMA, CARACAS, VE</u>
5) <input type="checkbox"/> Change	<u>D</u>	<u>JOEL BRAKHA</u>	<u>616 TIZIANO AVE.</u>
<input type="checkbox"/> Add			<u>CORAL GABLES, FL 33143</u>
<input checked="" type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

[illegible]

date this document was signed.

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 will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☒ 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)"

07/13/2020
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)

Joseph Brakha

(Typed or printed name of person signing)

former Director

(Title of person signing)