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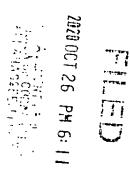
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COVER LETTER

NAME OF CORPORATION: KILL) Pelicacies Co. DOCUMENT NUMBER: <u>700342724957</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Delicacies CO. mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (40†) 720 " 6394 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ☑\$52.50 Filing Fee ☐ \$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Division of Corporations

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

- Row Delicicies	<u> </u>	
(Name of Corporati	on as currently filed with the Floric	la Dept. of State)
700342724957		
(Docum	ment Number of Corporation (if know	n)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corpord	ation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:	
name must be distinguishable and contain the word "co". "Inc.," or Co.," or the designation "Corp." "Inc., "chartered," "professional association," or the abbre	" or "Co". A professional corpora	The new prated" or the abbreviation "Corp.," attion name must contain the word
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO D. If amending the registered agent and/or register new registered agent and/or the new registered Name of New Registered Agent	red office address in Florida, enter (the name of the
	<u> </u>	
	(Florida street address)	
New Registered Office Address:		Florida
the regimered office radicing.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	tistered Agent: I am familiar with and accept the obli	igations of the position.
•	nture of New Registered Agent, if char	iging 300 20
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. (607.0120 (11) (e), F.S.	R III

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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	Langel wilcox	P.C BOX 163008
Add			Altomorte springs, Fr
Remove			32716
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	-		
Remove			

Attach <i>additional sh</i>	ing additional Artic eets, if necessary).	(Be specific)			
					
<u>.</u> .					
					
					<u>.</u>
					
			·		•
					
<u> </u>					
f an amendment pr	rovides for an excha	inge, reclassifica	tion, or cancellati	on of issued shares.	
provisions for impl	lementing the amen	dment if not con	tained in the ame	ndment itself:	•
(if not applicab	le, indicate N/A)				
· · · · · · · · · · · · · · · · · · ·					
	.				
<u></u> .				•	
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The date of each a	amendment(s) adoption: \C t was signed.	11/3030	, if other than the
Effective date <u>if a</u>	pplicable:	(no more than 90 days after amend	lment file date)
Note: If the date document's effecti	inserted in this block does no ve date on the Department of S	t meet the applicable statutory filin State's records.	ng requirements, this date will not be listed as the
Adoption of Amer The amendmen action was not r	t(s) was/were adopted by the in	ECK ONE) ncorporators, or board of directors	without shareholder action and shareholder
	t(s) was/were adopted by the s lders was/were sufficient for a	hareholders. The number of votes pproval.	cast for the amendment(s)
must be separa	itely provided for each voting §	shareholders through voting group group entitled to vote separately on dment(s) was/were sufficient for ap	the amendment(s):
by	(votin	ng group)	·"
		lent or other officer – if directors or porator – if in the hands of a receively that fiduciary)	
	<u>lap</u>	typed or printed name of person sig	ening)
	T)	President ICE Title of person signing)	<u>\</u>