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Amend

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COVER LETTER

TO: Amendment Section Division of Corpora			
NAME OF CORPORA DOCUMENT NUMBE	TION: FDOC P	aradise F	L, Inc.
	Amendment and fee are sub		
Please return all corresp	ondence concerning this matt	er to the following:	
_	MATAL	Name of Contact Person	YABHEVICH.
_	251 17	Firm/Company 1+4 Stree Address	t, suite 820 ACH, FL 33160
_	SUNNY	TSIES BE	ACH, FL 33160
_		•	notification)
For further information	concerning this matter, please	e call:	
NATALLIA Name of	VELYASHEVICE Contact Person	CIT at (916 Area Coo	870 -3023 de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	oayable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P,O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

Articles of A			
to Articles of In	•		
Food Parac	f	INC.	
(Name of Corporation as current			
P2000	0052911		
	of Corporation (if know	n)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corpor	ation adopts the follow	ving 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," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corpor	orated" or the abbrevi ation name must cor	ation "Corp.,"
B. Enter new principal office address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)			7.00
		· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	_ <i>N/A</i>		
		<u> </u>	∵ ::'
			<u> </u>
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address		the name of the	
Name by New Neglistered Ingern			
(Florida si	treet address)		
·		Clarida	
New Registered Office Address:	M/A	, Fiorida	Cip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	tt: with and accept the ob	ligations of the position	on.
	A / N		

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.

X Change	<u>PT</u>	John Doe						
X Remove	<u>V</u>	Mike Jones	<u>i</u>					
<u>X</u> Add	<u>SV</u>	Sally Smith	<u>1</u>					
Type of Action (Check One)	<u>Title</u>		<u>ame</u>		<u>Addres</u> s			
1) Change	TREA	<u>surer</u>	Siarhei	YELYASHEV	icH	1747	RODMAN	USIR.
V Add				, .		201		
Remove					Holly	wood,	FL 33	020
2) Change								
Add							<u></u>	
Remove 3) Change								
Add								
Remove								
4) Change					 -	·		
Add								
Remove					·			
5) Change					<u> </u>	·		
Add							<u>. </u>	
Remove				-	***			
6) Change		_				<u>-</u>		
Add				-		·		
Remove								

an amendment provides for an exchange, reclassification, or cancellation of issued shares, revisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	ttach additional sho	ng additional Arti	(Be specific)				
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The date of each amendment(s) adoption: $\frac{97/29/2020}{42020}$ date this document was signed.	_, if other than the
Effective date if applicable: 07 29 20 20 (no more than 90 days after amendment file date)	
(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 document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and saction was not required.	hareholder
☐ 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	
by	
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)	-
NATALLIA YELYASHEVICH. (Typed or printed name of person signing) PRESIDENT (Title of person signing)	

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