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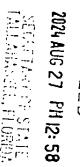
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: FRESH PIKD MA	RKET & CAFE INC.	·	
DOCUMENT NUM	BER: P21000008006			
The enclosed Articles	s of Amendment and fee are su	abmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	MELISSA CANALS			
		Name of Contact Persor	1	
	FRESH PIKD MARKET & C	CAFE INC.		
		Firm/ Company		
	13 S BROOKSVILLE AVE			
		Address		
	BROOKSVILLE FL 34601			
		City/ State and Zip Code	e	
	FRESHPIKDMARKET@GI	MAIL.COM		
	-	sed for future annual report	notification)	
For further information	on concerning this matter, plea	352	, 6069061	
Name	of Contact Person	at (Area Co	de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	
\$35 Fiting Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$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

FRESH	PIKD	MARKET	&	CAFE	INC
				/N	ame

(Name of Corporation as cu	rrently filed with the Florida Dept. of State)
P21000008006	
(Document Nun	nber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>on:</u>
FRESH PIKD WHOLESALE MARKET CO.	The new
	on," "company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	1204 S BROAD ST
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	#325
	BROOKSVILLE FL 34601
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	1204 S BROAD ST
	#325
	BROOKSVILLE FL 34601
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office ac	
Name of New Registered Agent	
	rida street address)
·	,
New Registered Office Address:	(City) Florida (Zip Caile) P 14 15 15 15 15 15 15 15
New Registered Agent's Signature, if changing Registered. I hereby accept the appointment as registered agent. I am fan	
	The control of the position.
Signature of I	New Registered Agent, if changing

Check if applicable

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

Executive Officer: CFO President, Treasurer, Di Changes should be note a change, Mike Jones le Mike Jones, V as Remov	s, if neces lirector til Presiden = Chief F irector wo d in the fo waves the c	sary) tle by the fi it; T= Tree inancial Could be PT collowing m corporatio	irst letter of the of surer: S= Secre Officer. If an offic D. anner. Currently, Sally Smith is	nary: D= Director; TR= cer/director holds more to by John Doe is listed as th	Trustee; C = Chairman or Clerk; CEO = Chief han one title, list the first letter of each office held. The PST and Mike Jones is listed as the V. There is se should be noted as John Doe, PT as a Change,
Example: XChange	<u>19</u>	John Do	<u>c</u>		
X Remove	<u>v</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sr	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s
1) Change					
Add					
Remove					
2) Change		_			
Add					
Remove 3) Change					
Add					
Remove					
4)Change					
Add					
Remove					
5) Change		_			

____ Add

6) ____ Change

____ Remove

____ Add

(Attach additional sheet		(Be specific)			
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				•	
If an amendment prov	vides for an exch	ange, reclassifica	tion, or cancell	ation of issued sh	ares,
provisions for implen	nenting the ame	ange, reclassifica ndment if not cor	tion, or cancell	ntion of issued sh mendment itself:	<u>arස,</u>
If an amendment prov provisions for implen (if not applicable,	nenting the ame	ange, reclassifica ndment if not cor	ition, or cancell tained in the a	ntion of issued sh mendment itself:	<u>ares,</u>
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provisions for implen	nenting the ame	ange, reclassificand ment if not con	tion, or cancell tained in the a	ation of issued sh	arcs,

date this document was signed	1.					
Effective date <u>if applicable</u> :	7/24/24					
	(no more than 90 days after amendment file date)					
	this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.					
Adoption of Amendment(s)	(CHECK ONE)					
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareholder action and shareholder					
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.					
	re approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):					
"The number of vote	s cast for the amendment(s) was/were sufficient for approval					
by	(voting group)					
	(voiing group)					
Dated	7/24/24					
Se	by a director, president or other officer—if directors or officers have not been elected by an incorporator—if in the hands of a receiver, trustee, or other court popointed fiduciary by that fiduciary)					
7	MELISSA CANALS					
	(Typed or printed name of person signing)					
	OWNER					
	(Title of person signing)					

the