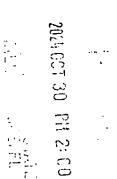
P21000008339

(Re	questor's Name)	
(Äd	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I Name Cho	_	



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13

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: PRO INNOVENTI	ONS FOODS & GOODS,	INC.
DOCUMENT NUM	D21000008330		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all cort	respondence concerning this ma	tter to the following:	
	SILVIA VILA		
		Name of Contact Person	1
	ELAN BUSINESS SERVICE	ES CORP	
		Firm/ Company	•
	1116 CEDAR FALLS DR	1 3	
		Address	
	WESTON,FL 33327		
		City/ State and Zip Cod	e
	SVILA@ELANSERVICE.C	ОМ	
	E-mail address: (to be us	sed for future annual report	notification)
For further informat SILVIA VILA	ion concerning this matter, plea	se call: at (⁹⁵⁴	217-6080
Name	e of Contact Person		de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 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 nendment Section vision of Corporations O. Box 6327 dlahassee, FL 32314	Amend Division The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

PRO INNOVENTIONS FOODS & GOODS, INC.		1	. 1
(Name of Corporat	ion as currently filed with	he Florida Dept. of State	2)
P21000008339		2 024 00	7 30 FH 2:00
(Docur	ment Number of Corporation	(if known)	• • •
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this <i>Florida Prof</i>	it Corporation adopts the	
A. If amending name, enter the new name of the c	orporation:		
PRO INNOVENTIONS INDUSTRY, INC			The new
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbr	" or "Co". A professione		breviation "Corp.,"
B. Enter new principal office address, if applicabl			_ _
(Principal office address <u>MUST BE A STREET AD</u>	<u>DRESS</u>)		
		-	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X</u>)		
D. If amending the registered agent and/or register		la, enter the name of the	
new registered agent and/or the new registered	omce adoress:		
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	(City)	, Florida_	(Zip Code)
	iCiiy)		(z.ip Coae)
New Registered Agent's Signature, if changing Registered agent. I hereby accept the appointment as registered agent.	gistered_Agent: I am familiar with and acce	pt the obligations of the p	osition.
Sign	nature of New Registered Ago	ent, 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 Doc 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
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	<u>.</u>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	
an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment	file date)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing req Department of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors withou	ot shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for sufficient for approval.	or the amendment(s)
	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the actions.	
"The number of votes of by	ast for the amendment(s) was/were sufficient for approva (voting group)	
	(voting group)	•
Dated	118/2024	
Signature	a director, president or other officer – if directors or office	and have not house
sele	eted, by an incorporator – if in the hands of a receiver, tra- pointed fiduciary by that fiduciary)	
	VICTOR A MONSALVE CASTANEDA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	