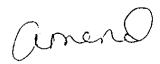
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JUN 9 2021 A RAMSEY

COVER LETTER .

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PAR FAMI	LY BAKERY O	ORPORATION	
DOCUMENT NUMBER: P210001	17551		
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
Par Fami	S Par Name of Contact Person 1 Bakery (Firm/ Company		
9602 NW 72nd ST			
Tamarac, FL 33321			
E-mail address: (to be use	is para Legyna d for future annual report	i). COM notification)	
For further information concerning this matter, please	e call:		
Dennis Par	at (<u>305</u> Area Coi	de & Daytime Telephone Number	
Enclosed is a check for the following amount made p			
□ \$35 Filing Fee □ S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment **Articles of Incorporation**

2021 APR 14 AM 11:54

(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

. If amending name, enter the new name of the		
N/A		The nev
ame must be distinguishable and contain the word Inc.," or Co.," or the designation "Corp," "In chartered," "professional association," or the abo	"corporation," "company," or "inc ic," or "Co". A professional cor	orporated" or the abbreviation "Corp., poration name must contain the word
B. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>	ble: DDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	N/A
If amending the registered agent and/or registered agent and/or the new register	ed office address:	
	ed office address:	iter the name of the
new registered agent and/or the new register Name of New Registered Agent	ed office address: N A	
new registered agent and/or the new register Name of New Registered Agent	ed office address: N A	
new registered agent and/or the new register Name of New Registered Agent New Registered Office Address:	(Florida street address) NA (Florida street address) NA (City)	
new registered agent and/or the new register Name of New Registered Agent New Registered Office Address: Sew Registered Agent's Signature, if changing F	(Florida street address) NA (Florida street address) NA (City)	, Florida(Zip Code)
new registered agent and/or the new register Name of New Registered Agent New Registered Office Address:	(Florida street address) NA (Florida street address) NA (City)	, Florida(Zip Code)
Name of New Registered Agent New Registered Office Address: New Registered Office Address: New Registered Signature, if changing Face the appointment as registered agent.	(Florida street address) NA (Florida street address) NA (City)	, Florida(Zip Code) (Zip Code) e obligations of the position.

☐ 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)

Example:

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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	$\sqrt{}$	Adan F. Par	5582 NW 201 ST
Add			Miami, FL 33055
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			100000000000000000000000000000000000000
Remove			·
5) Change			
Add			
Remove			
6) Change			
Add			1-14400
Remove			

	additional Arti				
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an amendment provi	ides for an exch	ange, reclassific:	ation, or cancella	ition of issued sha	res,
	enting the ame	ndment if not co	ntained in the ar	nendment itself:	
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The date of each amendment(s) adoption:	4/8/2021	, if other than the
date this document was signed. Effective date if applicable:	4/8/2021	
	(no more than 90 days after amendmen	t file date)
Note: If the date inserted in this block does not document's effective date on the Department of S		equirements, this date will not be listed as the
Adoption of Amendment(s) (CHE	CK ONE)	
The amendment(s) was/were adopted by the in action was not required.	corporators, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for ap		for the amendment(s)
☐ The amendment(s) was/were approved by the smust be separately provided for each voting g	- · · · · · · · · · · · · · · · · · · ·	
"The number of votes east for the amend	iment(s) was/were sufficient for approv	val
by		"
(votin	g group)	
Dated 4 8 2021		
Signature (By a director provide	ent or other officer - if directors or offi	icers have not been
	porator – if in the hands of a receiver, to	
appointed fiduciary b	y that fiduciary)	
	ennis Par yped or printed name of person signing	
(1	yped of primed name of person signing	5/
	resident	
(T	itle of person signing)	