## P21000026304

(Requ	uestor's Name)	_
(Addr	ess)	
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(City/:	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Faori Foods, Inc		
DOCUMENT NUME	BER: P21000026304		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Waldo Zoquier		
		Name of Contact Person	
	Faori Foods, Inc		
		Firm/ Company	
	9945 NW 28th Terrace	•	
	<u> </u>	Address	
	Doral, FL 33172		
		City/ State and Zip Code	<u> </u>
		•	
	faorifoods@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, plea	se call:	
Julio Paredes		305	321-5810
	of Contact Person	at { Area Coo	) 321-5810 de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 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)
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 8. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Faori Foods, Inc				
(Name o	f Corporation as currently fi	iled with the Florida Dept. of Sta	<u>te</u> )	
P21000026304				
	(Document Number of C	orporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Flo	orida Profit Corporation adopts the	e following amendment	t(s) to
A. If amending name, enter the new na	me of the corporation:			
	r/A		The new	
name must be distinguishable and contain "Inc" or Co.," or the designation "C "chartered," "professional association."	'orp," "Inc," or "Co". A p	npany," or "incorporated" or the a professional corporation name nu	abbreviation "Corp.," ast contain the word	
B. Enter new principal office address.	if applicable:	N/VT		
(Principal office address MUST BE A S	TREET ADDRESS)			
C. Enter new mailing address, if appli (Mailing address MAYBE A POST)  D. If amending the registered agent an new registered agent and/or the new	<i>OFFICE BOX</i> ) - d/or <u>registered office addres</u>	s in Florida, enter the name of th	SECRETARY OF STATE	
	Julio Paredes			
Name of New Registered Agent	9945 NW 28th Terrace			
	(Florida street	address)		
	Doral	•	da 33172	
New Registered Office Address:		ity)	(Zip Code)	
	,,		•	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent:	n de la companya del companya de la companya del companya de la co		

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>	<u>John Do</u>	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Si	mith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	D		Jose Mejia	9945 NW 28th Terrace
X Add		_		Doral, FL 33172
Remove				
2) Change				
Add				
Remove 3 ) Change		<del></del>		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Hamending or adding a (Attach additional sheets,	Iditional Artic f necessary).	les, enter change (Be specific)	g(s) here:			
		NA				
		/				
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te de la comunició	6	madag iGgo	tion or sunselly	ation of iccurred ch	9 PAS	
If an amendment provided provisions for implementation (if not applicable, in	nting the amen	idment if not cor	itained in the an	nendment itself:		
(у погаррисавле, т	meate way					
		NA				
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The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	proved by the shareholders through voting groups. The following statement 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		
,	(voting group)	
05/05/2021 Dated		
Signature	aldo Z.	_
selected	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Waldo Zoquier	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	