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COVER LETTER

TO: Amendment Section-Division of Corporations

NAME OF CORPOR	ATION: KAMPALA HOM	EMADE USA, INC.		
DOCUMENT NUMB				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
i	ATASHA MCROY			
-		Name of Contact Person	1	
-		Firm/ Company		
1	1101 E. CUMBERLAND AVENUE, STE 2011-274.			
-	Address			
· -	FAMPA, F1, 33602			
		City/ State and Zip Cod		
-	LMCROY (C E-mail address: (to be us	ed for future annual report	notification)	
For further information	concerning this matter, pleas	sécall: 2nd Pn#	813-601-9895	
LATASHA MCROY		at (
Name of	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	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)	
Amer Divis P.O. l	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amenc Divisic The C	Address Iment Section on of Corporations entre of Tallahassec N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

1022 FEB 11 PM12 29

KAMPALA HOMEMADE USA, INC.

A. INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P21000087876		The first the
(Document Num	ther of Corporation (if known)	(2)
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation;	, this <i>Florida Profit Corporati</i>	on adopts the following amendmen
A. If amending name, enter the new name of the corporation	on:	
NACHAMEORGANICS, INC		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 ")". A professional corporati	ited" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad-		e name of the
Name of New Registered Agent		
(Flori	ida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent.—I am fam.		ations of the position.
Signature of N	ew Registered Agent, if chang	ing
	G STORY OF THE	•

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	\underline{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			
Add			
Remove			
4) Change			
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5) Change			
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Remove			
6) Change			
Add			
Remave			

	eets, if necessary).	(Be specific)			
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		، سم، ،		of issued shares.	
an amendment pr	rovides for an excl	<u>nange, reclassificati</u>	on, or <u>cancenatior</u>	*** ***********************************	
provisions for imp	rovides for an exch lementing the ame	nange, reclassificati indment if not cont	on, or cancenation ained in the amend	lment itself:	
provisions for imp	rovides for an excl lementing the ame de, indicate N/A)	nange, reclassification	ained in the amend	lment itself:	
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provisions for impl	lementing the ame	nange, reclassification and ment if not continue to the contin	on, or cancenation	lment itself:	

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	1-25-2022	
The date of each amendment(s) ad date this document was signed.	option:	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock 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 adoption was not required.	oted by the incorporators, or board of directors without shareholder action and s	shareholder
☐ The amendment(s) was/were adopty the shareholders was/were sufficiently.	nted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved 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 t	or the amendment(s) was/were sufficient for approval	
bv	···	
	(voting group)	
DatedSignature	tasha mcRay	_
selected	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court diductary by that fiductary)	
!	ATASHA MCROY	
-	(Typed or printed name of person signing)	
1	President	
-	(Title of person signing)	