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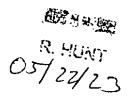
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LITTLE FOODII	E CORP
DOCUMENT NUMBER: P21000100426	
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	natter to the following:
CARMEN MATILDE HER	RNANDEZ
	Name of Contact Person
TOTALCORP BUSINESS	CONSULTANTS CORP
<u> </u>	Firm/ Company
1825 MAIN STREET	
	Address
WESTON FL 33326	
	City/ State and Zip Code
cmatilde@totalcorpconsulta	ants.com
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	case call:
CARMEN MATILDE HERNANDEZ	at (954 624-2554
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	le payable to the Florida Department of State:
■ \$35 Filing Fee	
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

Articles of Amendment to Articles of Incorporation of

LITTLE FOODIE CORP

(Name of Corporation as	currently filed with the Florida Dept. of State)	
	P21000100426	
(Document N	lumber of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statuits Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following am	endment(s) to
A. If amending name, enter the new name of the corpor	ation:	
AUIAMA Corp.	The	new .
name must be distinguishable and contain the word "corpore". "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviation.	ation," "company," or "incorporated" or the abbreviation "C" Co ". A professional corporation name must contain the on "P.4."	Corp.," word
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRES	<u></u>	
	AHR 22	graffit
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A S	_[1]
munic war con military man in the	SEE S	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	ffice address in Florida, enter the name of the e address:	
N/A		
Name of New Registered Agent		
· ·	Florida street address)	
New Registered Office Address: N/A	, Florida	
	(City) (Zip Code	,
Designation	and Agent:	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.	
. , , , , , , , , , , , , , , , , , , ,		
	CALL Division of America (Colombia)	
Signature	of New Registered Agent, if changing	
Check if applicable	0.000 ALL (A) F.C	
☐ The amendment(s) is/are being filed pursuant to s. 607.6	0120 (11) (c), r.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 Doc	
X Remove	<u>v</u>	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		_	<u> </u>
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

L. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
N/A		
		
F. If 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)		
N/A		
	<u> </u>	

. .

	he date of each amendment(s) ac the this document was signed.	doption:, if other than the
Ef	Tective date if applicable:	(no more than 90 days after amendment file date)
		(no more than 90 days after amenament fite talle)
Ne do	ote: If the date inserted in this becument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
A	doption of Amendment(s)	(CHECK ONE)
	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 east for the amendment(s) afficient for approval.
į . □	The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
		for the amendment(s) was/were sufficient for approval
•	by	(voting group)
ľ	B	9 2023
	Daled	uana b.
	Signature	manna h.
	(By ald	irretor, president or other officer – if directors or officers have not been
	sele¢le appoin	d, by an incorporator if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
		MARIANNA BERRIZBEITIA
		(Typed or printed name of person signing)
		(Typed of prince table of person signing)
		PRESIDENT