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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

TO: Amendment Section Division of Corporations FPA FOODS IMPORT & EXPORT CORP NAME OF CORPORATION: DOCUMENT NUMBER: P22000022968 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JUNIOR WILKEN Name of Contact Person WILKEN TAX SERVICE INC Firm/ Company 4400 W SAMPLE RD STE 134 Address COCONUT CREEK - FL 33073 City/ State and Zip Code WILKENINSURANCE@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JUNIOR WILKEN Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee S35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

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

| (Name o  | of Corporation as curren     | tly filed with the Florida Dept. of State         |                         |                   |              |
|--|------------------------------|---|-------------------------|-------------------|--------------|
| FPA FOODS IMPORT & EXPORT COI  | <del></del>                  |   |                         |                   |              |
|  | (Document Number             | of Corporation (if known)                         | -                       |                   |              |
| Pursuant to the provisions of section 607, its Articles of Incorporation:  | 1006, Florida Statutes, this | s Florida Profit Corporation adopts the f         | following               | amend             | ment(s) to   |
| A. If amending name, enter the new na  | ame of the corporation:      |   |                         |                   |              |
| FPA IMPORT & EXPORT CORP   |                              |   |                         | The n             | ¢и,          |
| name must be distinguishable and contain<br>"Inc.," or Co.," or the designation "C<br>"chartered," "professional association," | Corp." "Inc." or "Co".       | A professional corporation name must              | breviation<br>t-contain | i "Corp<br>the wo | "<br>ord     |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)                      |                              | 1349 SE ROANOKE ST                                |                         |                   | _            |
|  |                              | PORT SAINT LUCIE - FL 34952                       | ·                       |                   | _            |
|  |                              |   |                         | 2.3               | _            |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |                              | SAME ABOVE  | <u> </u>                |                   | ··· <b>·</b> |
|  |                              |   | 空間                      | 1                 | France .     |
|  |                              |   | AS.                     | <del></del>       | 1 7 3        |
| D. If amending the registered agent at<br>new registered agent and/or the ne   |                              |   | OF STA                  | PH 1: 09          | Ö            |
| Name of New Registered Agent   | AMAZON TAX SERVICE. Cor      |   |                         |                   |              |
|  | 4400 W. SAMPLE RD S          | UITE 134  |                         |                   |              |
|  | (Florida s                   | treet address)                                    |                         |                   |              |
| New Registered Office Address:   | COCONUT CREEK                | , Florida_  | 33073                   |                   | _            |
|  |                              | (City)  | €Zip Ce                 | ode)              |              |
| New Registered Agent's Signature, if c I hereby accept the appointment as regis  | tered agon. I am familiar    | tt: with and accept the obligations of the policy | osition.                |                   |              |
| Check if applicable  The amendment(s) is/are being filed p   | 0/11                         | Registered Agent, if changing                     |                         |                   |              |

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.

| Example: X Change             | PT           | John Doe     |                 |              |
|-------------------------------|--------------|--------------|-----------------|--------------|
| X Remove                      | <u>v</u>     | Mike Jones   |                 |              |
|                               |              |              |                 |              |
| X Add                         | <u>SV</u>    | Sally Smith  |                 |              |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u>  | <u>Addres</u> s |              |
| i) Change                     | N/A          | N/A          | N/A             |              |
| Add                           |              |              |                 |              |
| Remove                        |              |              |                 |              |
| 2) Change                     |              | -            |                 |              |
| Add                           |              |              |                 |              |
| Remove 3.) Change             |              | <del></del>  |                 | <u> </u>     |
| Add                           |              |              | A 72            | <del>.</del> |
| Remove                        |              |              | 4.SE            | C-Tank       |
| 4) Change                     |              |              |                 | = 0          |
| Add                           |              |              |                 |              |
| Remove                        |              |              |                 |              |
| 5) Change                     |              | <del> </del> |                 |              |
| Add                           |              |              |                 |              |
| Remove                        |              |              |                 | <del></del>  |
| 6) Change                     |              |              |                 |              |
| Add                           |              |              |                 |              |
| Remove                        |              |              |                 |              |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |                |               |                |
|---|----------------|---------------|----------------|
| N/A   |                |               |                |
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| 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   |                |               |                |
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|   | 05/22/2024   |  |
|---|--|--|
| The date of each amendment(s) adopt   | tion:  | , if other than the                              |
| late this document was signed.  |  |  |
| Effective date <u>if applicable</u> :   |  |  |
|   | (no more than 90 days after amendmen   | a jile date)                                     |
| Note: If the date inserted in this block<br>focument's effective date on the Depart | does not meet the applicable statutory filing rement of State's records.   | equirements, this date will not be listed as the |
| Adoption of Amendment(s)  | (CHECK ONE)  |  |
| The amendment(s) was'were adopted<br>action was not required.                       | I by the incorporators, or board of directors with   | out shatcholder action and shareholder           |
| The amendment(s) was were adopted<br>by the shareholders was were suffici           | d by the shareholders. The number of votes east ient for approval.   | for the amendment(s)                             |
|   | ed by the shareholders through voting groups. To<br>h voting group entitled to vote separately on the  |  |
| "The number of votes cast for t   | the amendment(s) was/were sufficient for approv  | val  |
| by  |  |  |
|   | (voting group)   | -<br>  |
| 05/22/2024<br>Dated<br>Signature  |  | L TARY OF  |
| (By a difest<br>selected, by  | <ul> <li>president or other officer - if directors or office an incorporator - if in the hands of a receiver, tilduciary by that fiduciary)</li> </ul> | icers have not been $\Gamma(\mathcal{O})$        |
| \1A   | ARCO AURELIO P ARAUJO  |  |
|   | (Typed or printed name of person signing   | 1)   |
| PRI   | ESIDENT  |  |
| _   | (Title of person signing)  |  |