## P23000006943

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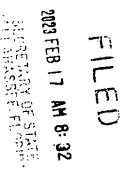
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A. RAMSEY APR 2 & 2023

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TAIM MEUD FOOD CORP.							
DOCUMENT NUMBER: P2300006943							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
TSARC, Sheenh  Name of Contact Person  Bevee Hornstein TA  Firm/ Company  6961 Indian Creek Drive  Address  Miami Beach FL 33141  City/ State and Zip Code							
Shirley @hornstein PA . Com  E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Bruce Horastein at (305) 397-8476  Name of Contact Person Area Code & Daytime Telephone Number							
Enclosed is a check for the following amount made payable to the Florida Department of State:							
\$\overline{\mathbb{V}}\$\$ \$35 Filing Fee 252.50 Filing Fee \tag{252.50 Filing Fee \tag{							
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303							

## Articles of Amendment to Articles of Incorporation

of

FILED

TAIM MEOD	FOOD	CORP.	2023 FEB 17 AM 8:
(Name of Corp.	oration as currently f	iled with the Florida De	ept. of State)
<u> </u>	6943		HASSEE
(D	Ocument Number of C	orporation (if known)	- CURII
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	lorida Statutes, this <i>Fla</i>	orida Profit Corporation	adopts the following amendment(s)
A. If amending name, enter the new name of t	he corporation:		
			The new
name must be distinguishable and contain the wor "Inc.," or Co.," or the designation "Corp," ' "chartered," "professional association," or the a	"Inc," or "Co". A p		
B. Enter new principal office address, if appli- (Principal office address <u>MUST BE A STREET</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>E BOX</i> )		
D. If amending the registered agent and/or renew registered agent and/or the new regist  Name of New Registered Agent		s in Florida, enter the n	name of the
		address)	
	(Florida street		
New Registered Office Address:	(Florida street	•	, Florida

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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.

Example: <u>X</u> Change	PT John Doe		
X Remove	V Mike Jones		
<u>X</u> Add	SV Sally Smith		
Type of Action (Check One)	<u>Title</u> <u>Name</u>		Address
1) Change	VP Sh	eena, Daniel	3500 Mystic Pointe Deve
Add <b>V</b> _ Remove			UN. + 3003 AVENTURA 1 FL 33180
2) Change Add	P She	eena Issac.	UNIT 1921
X Remove Change	P,V,S,T SY	neena, ISSAC	AVENTURA, FL 33180 19400 TURNBERRY WAY
Add Remove 4) Change			AVENTURA, FL 33150
Add Remove 5) Change			
Add Remove 6) Change			
Add			

lf am	ding or adding additional Articles, enter change(s) here:	
(Attacl	additional sheets, if necessary). (Be specific)	
<u> </u>		
	<del></del>	
	······································	
lf an a	nendment provides for an exchange, reclassification, or cancellation of issued shares,	
prov	nendment provides for an exchange, reclassification, or cancellation of issued shares, ions for implementing the amendment if not contained in the amendment itself:	
•	not applicable, indicate N/A)	

The date of each amendment(s) adop	tion:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements ment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted action was not required.	I by the incorporators, or board of directors without sharehol	der action and shareholder
The amendment(s) was/were adopted by the shareholders was/were suffic	l by the shareholders. The number of votes east for the american for approval.	ndment(s)
	ed by the shareholders through voting groups. The following h voting group entitled to vote separately on the amendment	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	<u>,•</u>	
	(voting group)	
Dated 2 - 1 Signature	6-2023 RA	
(By a direct	or, president or other officer - if directors or officers have no	
	an incorporator – if in the hands of a receiver, trustee, or of iduciary by that fiduciary)	her court
appointed i	iduciary by that fiduciary)	
	ISSAC SHEENA	
	(Typed or printed name of person signing)	
	PRESIDENT	
<del></del>	(Title of person signing)	