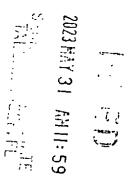
P23000035823

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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05/91/22--01017 -005 **30.00



Office Use Only

J 1123/2012

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: _ | ACE BUSINE | SS FOOD INT | L. CORP | |
|---|------------------------------------|---|---------------------------------------|--|
| DOCUMENT NUMBER: | P2300003582 | 23 | | |
| The enclosed Articles of Amendm | tent and fee are so | bmitted for filing | . - | |
| Please return all correspondence c | concerning this ma | atter to the follow | ring: | |
| | ALVA | RO F CASTILI | _0 | |
| | | Name of Con | tact Person | |
| | | Firm/ Co | mpany | |
| 481 S | W 169TH TERF | RACE | | |
| | | Addr | ess | |
| WES [*] | TON ,FL 33326 | | | |
| | | City/ State an | d Zip Code | : |
| acastii | llo0550@gmail. | com | | |
| E-mai | l address: (to be u | sed for future and | mal report | notification) |
| For further information concerning | g this matter, plea | se call: | | |
| ALVARO CASTILLO | | at (| 954 | 258-6252 |
| Name of Contact P | Person | | Area Coo | le & Daytime Telephone Number |
| Enclosed is a check for the follow | ing amount made | payable to the FI | orida Depa | ortment of State: |
| - | .75 Filing Fee & ificate of Status | S43.75 Filin Certified Co (Additional co enclosed) | ру | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Addre Amendment Sec Division of Cor P.O. Box 6327 Tallahassee, FL | ction pocations | | Amend Division The Co 2415 N | Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303 |

Articles of Amendment 10 Articles of Incorporation of

| ACE BUSINESS FO | DOS IN L CORP | ACE BUSINESS FO | OD INTL CORP |
|--|--|-----------------------------------|---|
| (Name of C | Corporation as curren | tly filed with the Florida Dept. | of State) |
| | (Document Number | of Corporation (if known) | |
| Pursuant to the provisions of section 607.100 its Articles of Incorporation: | 06, Florida Statutes, thi | is Florida Profit Corporation add | opts the following amendment(s) t |
| A. If amending name, enter the new name | a of the corporations | | |
| At amending name, enter the new hand | N/A | | |
| name must be distinguishable and contain the "Inc.," or Co.," or the designation "Cory" chartered," "professional association," or | e word "corporation," p," "Inc," or "Co". | A professional corporation nai | Thenew r the abbreviation "Corp.," me_must_contain_the_word |
| B. Enter new principal office address, if a | inplicable: | N/A | |
| (Principal office address MUST BE A STR | | | |
| | N. | | |
| C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF | | N/A | |
| · · · · · · · · · · · · · · · · · · · | | | |
| | | | |
| | | | |
| D. If amending the registered agent and/o | | | e of the |
| new registered agent and/or the new re | egistered office addre | <u>881</u> | |
| Name of New Registered Agent | N/A | | |
| | | | |
| | (Florida s | street address) | |
| New Registered Office Address: | N/A | | Florida |
| | | (City) | (Zip Code) |
| | | | |
| New Registered Agent's Signature, if char | nyiny Revistered Agei | nt: | |
| I hereby accept the appointment as registere | | | of the position. |
| | | | 20 |
| | | | 231 |
| | Signature of New | Registered Agent, if changing | i i i i i i i i i i i i i i i i i i i |
| Charles anniamble | - <u>-</u> | | $\frac{\omega}{2}$ |
| Check if applicable ☐ The amendment(s) is/are being filed purs | uant 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 Doc 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: \underline{X} Change | <u>PT</u> | John Doe | |
|---------------------------------|-------------|---------------------|----------------------|
| X Remove | <u>V</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action | Title | <u>Name</u> | <u>Addres</u> s |
| (Check One) 1) Change | Р | ALVARO F CASTILLO | 481 SW 169TH TERRACE |
| Add | | | WESTON FL 33326 |
| X Remove | | | |
| 2) Change | Р | STELLA ORTIZ TORRES | 481 SW 169TH TERRACE |
| <u>X</u> Add | | | WESTON FL 33326 |
| Remove 3) Change | V | ALVARO F CASTILLO | 481 SW 169TH TERRACE |
| X_Add | | | WESTON FL 33326 |
| Remove | | | |
| 4) Change | Т | ALVARO C CASTILLO | 481 SW 169TH TERRACE |
| X Add | | | WESTON FL 33326 |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| PARTNER'S | PERCENTAGES | | | | | |
|------------------------|--|---------------------------------------|-------------------------------------|--------------------------------------|---------------|---|
| P = 30% | | | | | | |
| V = 35% | | | | | | |
| T = 35% | | | ÷ | | <u>.</u> | |
| | | | | | | |
| | | | <u> </u> | <u> </u> | | |
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| <u>ovisions for it</u> | provides for an excluptementing the ame able, indicate N/A) | hange, reclassifi indment if not c | cation, or cance ontained in the | llation of issued amendment itsel | shares, f: | |
| | | | | | | _ |
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E. If amending or adding additional Articles, enter change(s) here:

| The date of eac | ch amendment(s) adoption:, if other than the |
|-------------------------|--|
| date this docum | nent was signed. |
| • Effective date | if applicable: |
| | (no more than 90 days after amendment file date) |
| | ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the detrive date on the Department of State's records. |
| Adoption of A | mendment(s) (<u>CHECK ONE</u>) |
| The amendn action was n | nent(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder not required. |
| | nent(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) cholders was/were sufficient for approval. |
| | nent(s) was/were approved by the shareholders through voting groups. The following statement arately provided for each voting group entitled to vote separately on the amendment(s): |
| "The n | number of votes east for the amendment(s) was/were sufficient for approval |
| by | |
| | (voting group) |
| | Dated05/23/2023 |
| | Signature |
| | (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| | ALVARO F CASTILLO |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |