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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Nuky Food, Inc						
DOCUMENT NUN	DT4000030777						
The enclosed Article	s of Amendment and fee are su	abmitted for filing.					
Please return all corr	espondence concerning this ma	itter to the following:					
	Luisa F Galofre						
	Name of Contact Person						
	Nuky Food, Inc						
	Firm/ Company						
	3004 NW 130 Terrace, Suite	246					
	Address						
	Sunrise, Fl 33323						
		City/ State and Zip Code	2				
	LuisaFernandaGalofre@Gma	nil.com					
	E-mail address: (to be us	sed for future annual report	notification)				
For further informati Luisa F Galofre	on concerning this matter, plea	se call:at (9343345				
Name	of Contact Person	at (at () de & Daytime Telephone Number				
Enclosed is a check	or the following amount made						
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, 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	of Corporation as currently	filed with the Florida Dept. of Sta-	<u>te</u>)		_
Nuky Food, Inc					
	(Document Number of	Corporation (if known)			-
Pursuant to the provisions of section 607	1006 Florida Statutes, this I	Harida Profit Carnaratina akans shii	C. Barrin		
its Articles of Incorporation:	.1000, 1 knida Skittics, tilis 1	Tortua i roju Corporation adopts the	totiowin	ig amer	iament(s) to
A. If amending name, enter the new n	non of the council	₽			
Nuky Food US, Inc	ame of the corporation;				
	a diamental management of the months			_The	new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered." "professional association,"	"orp," "Inc," or "Co". A	ompany, or "incorporated or the a professional corporation name mu	bbreviatii st contai	on "Co. n the s	rp" word
		3004 NW 130th Terrace, Suite 246			
(Principal office address MUST BE A S	TREET ADDRESS)	Sunrise, Florida 33323			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 address.					
					_
(Mailing address <u>MAY BE A POST OFFICE BO</u>	icable: OFFICE ROY)	3004 NW 130th Terrace, Suite 246		1.3	
(Mailing address MAT BE A POST OFFICE BOX)		Sunrise, Florida 33323		- T	
		· · · · · · · · · · · · · · · · · · ·	- 1 1	S OF	
			% <u>~<</u> ΩΩ		 , ·
D. If amending the registered agent ar	id/or registered office addr	ess in Florida, enter the name of the	പ്പും വാധ	:8 	
new registered agent and/or the new			FE		
Name of New Registered Agent	Luisa F Galofre	·	يسا		
	3004 NW 130th Terrace , Suite 246				
	(Florida stre	et address)		-	
New Registered Office Address:	Sunrise		33323		
	(City)		lZip (ode)	<u> </u>
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: ered agent: Tam familiar w	ith and accept the obligations of the r	nasitian		
, , , , , , , , , , , , , , , , , , , ,		m and security the songuitoris by the p	12.7111271.		
	/ <i>JIM</i> // s				
	Me for			_	
	Signapare of New Re	gistered Agent, if changing			
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.

Example:

X Change	<u>5.L</u>	John Doe	
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>	Holistic Organic Food, Inc	14933 Braywood Trail
XAdd			Orlando, Florida 32824
Remove			
2) Change	<u>S</u>	Maria C Galofre	14933 Braywood Trail
X Add			Orlando, Florida 32824
Remove 3) Change	P .	Freezun.com, Inc	100 East Pine Street, Suite 110
Add			Orlando, Florida 32801
X Remove			
4) Change	S	Manuela Quijano	14933 Braywood Trail
Add			Orlando, Florida 32824
X Remove			**************************************
5) Change			
Add			****
Remove			
6)Change			
Add			
Remove			

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amending or add	ing additional Article	s, enter change	(s) here:			
mach <i>additional sti</i>	cets, if necessary). (Be specific)				
						
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an amenoment provisions for impl	rovides for an exchang lementing the amendr	ge, reclassificati nent if not cont	on, or cancellate	on of issued share	<u>s.</u>	
(if not applicab	le, indicate N/A)	incide in the Cont	amed in the ame	nament usen.		
						
		****			·	
· · · · · · · · · · · · · · · · · · ·						

(Title of person signing)