P24000064011

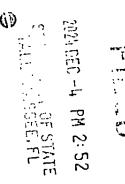
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PICK-UP WAIT MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

.

NAME OF CORPO	RATION: VITAL Live	. Food, corp	·	_	
DOCUMENT NUM	BER: <u>P 2400006</u>	4011		-	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
		Address 7 + 14 0 3 + 1 7 7 1 City/ State and Zip Cod	ot A13		
For further information	on concerning this matter, pleas		,		
Duge- Cu	- ·				
Enclosed is a check for	or the following amount made			ZOZA DEC -	E MESA'S
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	PH 2:52	
	iling Address		Address		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

(Name of Corpo	ration as currently filed with the Fl	orida Dept. of State)	
Vital Live Food	CORP , P240000	64011	
	ocument Number of Corporation (if ki		
Pursuant to the provisions of section 607,1006, Fleits Articles of Incorporation:	orida Statutes, this Florida Profit Cor	paration adopts the follow	ring amendment(s)
A. If amending name, enter the new name of the	he corporation:		
Vital Life Food COAP			The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the a	Inc," or "Co". A professional cor	orporated" or the abbrevion poration name must con	ution "Corp.,"
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET.			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	: BOX)		
D. If amending the registered agent and/or reg new registered agent and/or the new registe Name of New Registered Agent		ter the name of the	2624 DEC
			1 8 46
	(Florida street address)	: :	TO P I
New Registered Office Address:		Florida	No No
	(City)	(\$\bar{4}\$	Figure) 55
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent: nt. I am familiar with and accept the	obligations of the positio	n.
	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: 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>		Address	
1) Change					
Add					
Remove					
2) Change					
Add					
Remove 3) Change					
Add					
Remove				<u> </u>	
4) Change		_		27 PF PF C	1 1
Add					1,3 me (
Remove					g J
5) Change				₽. 2:	
Add				52 ATE	
Remove					
6) Change			·		
Add					
Remove					

Attach additional sheets, if necessary). (Be specific)	
,	
	
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<u>. </u>	
If an amendment provides for an exchange, reclassification, or cancellation of is	ssued shares,
provisions for implementing the amendment if not contained in the amendmen	it itself:
(if not applicable, indicate N/A)	TIAN CHECK
	<u> </u>
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	2: 52 STATE E, FL
	TE 12
	

The date of each amendment(s) ad date this document was signed.	option:	, if other than t
Effective date if applicable:		
	(no more than 90 days aft	er amendment file date)
Note: If the date inserted in this bl document's effective date on the Dep		utory filing requirements, this date will not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adoption was not required.	oted by the incorporators, or board of d	directors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of the first approval.	of votes cast for the amendment(s)
	oved by the shareholders through voting ach voting group entitled to vote separ	
"The number of votes cast f	or the amendment(s) was/were sufficie	ent for approval
by	(voting group)	
	(voting group)	
Dated 12 / O	2/2024	
	(It	$\mathcal{O}_{\mathcal{O}}$
Signature (By a di	octor, president or other officer – if dir	rectors or officers have not been 200
	by an incorporator – if in the hands of	
appoint	d fiduciary by that fiduciary)	1 min
<u>.</u>	Diego Alejandro Cu (Typed or printed name of p	person signing) Departos SE D TO NO NO
	Director	FL FL
	(Title of person signing)	