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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MOO-V-FOOD, I	NCORPORATED			
DOCUMENT NUM	BER: P96000069253				
	of Amendment and fee are su	ibmitted for filing.			
Please return all corre	spondence concerning this ma	atter to the following:			
	COREY				
	-	Name of Contact Person	n		
	COREY E. HOFFMAN, P.A.				
•	Firm/ Company				
	90 ALMERIA AVE. 1ST FL	OOR			
	Address				
	CORAL GABLES, FL 33134				
	-	City/ State and Zip Cod	e		
	corey@coreyhoffman.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatic	n concerning this matter, pleas		443-5600		
Name	of Contact Person	at (at (de & Daytime Telephone Number		
	or the following amount made				
■ \$35 Filing Fee	☐S43.75 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)		
Am Div P.O	ling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303		

Articles of Amendment to Articles of Incorporation of

MOO-Y-FOOD, INCORPORATED

(Name of Corpor	ation as curren	tly filed with the Flori	da Dept, of State)	
P96000063253			·	
(Do	zument Number	of Corporation (if know	(ii)	
Pursuant to the provisions of section 607-1006, Fig its Articles of Incorporation:	rida Statutes, this	s Florida Profit Corpor	ation adopts the following amendmen	t(s) to
A. If amending name, enter the new name of th				
name must he distinguishable and contain the word "Inc.," or Co.," or the designation "Corp." "h "chartered," "professional association," or the ab	ic," or "Co".	A professional corpor	The new prated" or the abbreviation "Corp.," ation name must contain the word	
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		664 N.E. 61 STRE	ET	
		MIAMI, FL	793	
		33137	(7)	
D. If amending the registered agent and/or regi- new registered agent and/or the new register	tered office addres	dress in Florida, enter Si		l
Name of New Registered Agent	•		FR. 3: 2	}
	(Florida si	reet address)		
New Registered Office Address: 90 ALMI	ERIA AVE., 181	FLOOR, CORAL GA	BLES BLES 33134	
The state of the s		(Çiği	(Zip Code)	
New Registered Agent's Signature, it changing be the three by accept the appointment as registered agen	egistered Agen Lam jamiliar	<u>t:</u> with and accept the obl	igations of the position.	
St	manare of New I	Registered Agent, if chai	nging	

Check if applicable

The amendment(s) iscare 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 office/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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X.Change	<u>I'T</u>	<u>John Doe</u>		
X Remove	$\underline{\mathbf{V}}$	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	PSTD	VINCENT DE VINGO	664 N.E. 61 ST.	
Add			MIAMI, FL 33137	
X Remove				
2) Change	PSTD	CARMEN ALONSO DEVINGO	664 N.E. 61 ST.	
X Add			MIAMI, FL 33137	
Remove 3 (Change		-· ····		
_X Add	V	BRIAN RODRIGUEZ	6145 NW 7 Ave.	
Remove			_Apt608	
4) Change			Miami,FL 33127	
Add				
Remove				
5i Change	* **** ***** **	-		
Add				
Remove				
6) Change				
Add				
Remove				

	ding additional Articles, ont heets, if necessary)—(Be sp.	rcific)			
					
- ··					
					·
					
•					
an amendment p	royides for an exchange, rec	lassification, or ca	ncellation of issued	l shares,	
(if not applica	lementing the amendment if de, indicate N/A)	not contained in a	he amendment its	elf:	
	, , , , , , , , , , , , , , , , , , , ,				
					
				· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(date this document was signed.	s) adoption:	
•	SEPTEMBER 23, 2621	
	(no more than 90) days after amendment file daw)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, to Department of State's records.	his date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE)</u>	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholde	n action and shareholder
■ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the amend e sufficient for approval.	ment(s)
(i) The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following s for each voting group entitled to vote separately on the amendments)	latement :
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by		
	(Voting group)	
Dated	ABER 23, 2021 October Officer - J directors or officer have not cited, by an incorporator - if in the hands of a receiver, trusted, or other	been 1 Cotut
арр	sinted fiduciary by that fiduciary)	
	CARMEN ALONSO DE VINGO	
	(Typed or printed name of person signing)	
	PTSD	
	(Title of person signing)	