P9900012997

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(Cit	ty/State/Zip/Phone	#)		
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C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: No. 1 Cabinet, Inc				
DOCUMENT NUME	P9900012997				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Frank Gutta				
		Name of Contact Person	1		
	Gutta, Sharfi & Co.				
		Firm/ Company			
	490 Sawgrass Corp Pkwy Su	- •			
		Address			
	Sunrise, FL 33325				
	City/ State and Zip Code				
		,			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
Carrie Gilbert		954at (452-8813		
			de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State;		
\$35 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)		
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations a Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

No. 1 Cabinet, Inc.	
(Name of Corporation as o	currently filed with the Florida Dept. of State)
P99000012997	
(Document No	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corpora	tion:
Flafil Gourmet, Inc.	The new
name must be distinguishable and contain the word "cor". "Corp.," "Inc.," or Co.," or the designation "Corp," "Incword "chartered," "professional association," or the abbrev	rporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the viation "P.A."
B. Enter new principal office address, if applicable:	20 20
(Principal office address MUST BE A STREET ADDRESS	
	30 30 30 N
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	<u> </u>
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
Name of New Registered Agent	
(F	lorida street address)
New Registered Office Address:	, Florida
•	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	d Agent:
I hereby accept the appointment as registered agent. I am f.	
	of New Registered Agent, if changing

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.

Mike Jones, V as Remo Example:	ve, and Sa	lly Smith, SV as an	Add.			
X Change	<u>PT</u>	John Doe				
X Remove	$\underline{\mathbf{V}}$	Mike Jones				
<u>X</u> Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	<u>Name</u>			Address	
1) Change						
Add						
Remove						
2) Change						
Add						
Remove						<u>, </u>
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change						
Add				· ··		
Add Remove						

	(Be specific)			
				
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	<u>iange, reclassificat</u>	ton, or cancellation	<u> 01 ISSUEG SHAPES,</u> ment_itself:	
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f an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	endment if not con-	tamen in the ament	<u> </u>	
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provisions for implementing the ame	endment if not con	arneu in the amend	THE RESULT	
provisions for implementing the ame	endment if not con	arneu in the amend		

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this d Department of State's records.	ate will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	(s)
☐ The amendment(s) was/were a must be separately provided j	approved by the shareholders through voting groups. The following staten for each voting group entitled to vote separately on the amendment(s):	ient
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and sharehold	ler
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
3/24/16		
Dated	sohod FIX	
(By selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other conditional fiduciary by that fiduciary)	
	Mohammed Flafil	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	