## P99000 100068

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(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	· #)
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: CARIB BASON	FOOD SALES INC	
	1BER: P99000100068		
The enclosed Article	s of Amendment and fee are s	submitted for filing.	
Please return all corr	espondence concerning this m	natter to the following:	
	JAMES MANCUSO		
		Name of Contact Person	on
	CARIB BASIN FOOD SAL	LES INC	
		Firm/ Company	
	2424 N FEDERAL HWY, S	STE 203	
		Address	
	BOCA RATON FL 33431		
		City/ State and Zip Cod	de
	JIM@CARIBBASIN.COM		
	E-mail address; (to be u	sed for future annual repor	t notification)
	on concerning this matter, plea	se call:	
JAMES MANCUSO		at (	239-1845
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Dep	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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 thassee, 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

CARIB BASIN FOOD SALES INC

2020 H ... - 7 PM 1: 1

(N1====== F C'====== c'=		
	ently filed with the Florida Dept. of State)	
299000100068		
(Document Number	er of Corporation (if known)	
tursuant to the provisions of section 607,1006, Florida Statutes, the Articles of Incorporation:	this Florida Profit Corporation adopts the following amen	dmeni
. If amending name, enter the new name of the corporation	<u>ı:</u>	
	T.	
ame must be distinguishable and contain the word "corporation, Inc.," or Co.," or the designation "Corp." "Inc," or "Co", chartered," "professional association," or the abbreviation "P.,	. A professional cornoration name must contain the w	
. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRESS</u> )		
		_
. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	_
		_
. If amending the registered agent and/or registered office a	address in Florida antas the name of the	
new registered agent and/or the new registered office addre	ress:	
Name of New Registered Agent		
A Signe (1) The William Registered Agent		
(Florida	i street address)	
	, Florida	_
(Florida	<i>,</i>	_
(Florida	, Florida	_
(Florida <u>New Registered Office Address</u> :	(City) , Florida (Zip Code)	_
(Florida  New Registered Office Address:  w Registered Agent's Signature, if changing Registered Age	(City) , Florida (Zip Code)	_
(Florida  New Registered Office Address:  w Registered Agent's Signature, if changing Registered Age	(City) , Florida (Zip Code)	_
(Florida  New Registered Office Address:  ew Registered Agent's Signature, if changing Registered Age	(City) , Florida (Zip Code)	_
(Florida  New Registered Office Address:  ew Registered Agent's Signature, if changing Registered Age	(City) , Florida (Zip Code)	_
(Florida  New Registered Office Address:  ew Registered Agent's Signature, if changing Registered Agenereby accept the appointment as registered agent. I am familia	(City) , Florida (Zip Code)	_
(Florida  New Registered Office Address:  ew Registered Agent's Signature, if changing Registered Agenereby accept the appointment as registered agent. I am familia	, Florida, (City) (Zip Code)  ent: ar with and accept the obligations of the position.	

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 = ChiefExecutive Officer; ('FO = 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:

Example: XChange	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
I) XX Change	PS	JAMES B MANCUSO	2424 N FEDERAL HWY	
Add			STE 203	
Remove			BOCA RATON FL 33431	
2) XX Change	AS	JOHN MATTEIS	2424 N FEDERAL HWY	
Add			STE 203	
Remove 3) Change	ST	KRISTIE BELUSAR	BOCA RATON FL 33431 4165 6TH AVE NW	
XX Add			NAPLES FL 34120	
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		<del></del>		
Add		· — — — —		
Remove				

(Attach additional sheets, if necess	sary). (Be specific)			
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If an amendment are the				
If an amendment provides for an	exchange, reclassificat	<u>ion, or cancellatio</u>	n of issued shares,	
Erovious to implement the	Alliendinent it not con-	<u>tained in the amen</u>	dment itself:	
(if not applicable, indicate N//	4)			

.

The date of each amendment(s) adoption:	APRIL 23, 2020
date this document was signed.	, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
Adoption of Amendment(s)	CHECK ONE)
The amendment(s) was/were adopted by the action was not required.	ne incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders was/were sufficient for	ne shareholders. The number of votes cast for the amendment(s) or approval.
☐ The amendment(s) was/were approved by must be separately provided for each votil	the shareholders through voting groups. The following statement og group entitled to vote separately on the amendment(s):
"The number of votes cast for the an	nendment(s) was/were sufficient for approval
by	
(v	oting group)
APRIL 23, 2020 Dated	<del></del>
Signature	
selected, by an inc	rident or other officer – if directors or officers have not been coporator – if in the hands of a receiver, trustee, or other court y by that fiduciary)
JAMES N	IANCUSO
	(Typed or printed name of person signing)
PRESIDE	NT
	(Title of person signing)