

PO7000101399

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000264165 3)))



H220002641653ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : NUEVA VIDA ACCOUNTING CORP.  
Account Number : 120150000017  
Phone : (305)752-7505  
Fax Number : (305)752-4409

2022 AUG -4 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

RECEIVED  
2022 AUG -4 PM 4:55

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
SUPERIOR DAIRY CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

8-5-2022

H 220002641653

Articles of Amendment  
to  
Articles of Incorporation  
of

**SUPERIOR DAIRY CORPORATION**

(Name of Corporation as currently filed with the Florida Dept. of State)

P07000101399

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

\_\_\_\_\_ The  
new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.,"  
"Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered,"  
"professional association," or the abbreviation "P.A."

**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 in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**  
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

FILED  
2022 AUG -4 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FL

H 220002641653

H220002641653

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:

- Change      PT John Doe
- Remove      V Mike Jones
- Add      SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) Change	T	Gabriele Downing	6445 SW 130 Place #601 Miami, FL 33183
<input checked="" type="checkbox"/> Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

**FILED**  
 2022 AUG -4 PM 4: 23  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

H22 0002641653

H220002641653

E. If amending or adding additional Articles, enter change(s) here:  
*(Attach additional sheets, if necessary). (Be specific)*

Multiple horizontal lines for handwritten input.

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,  
Provisions for implementing the amendment if not contained in the amendment itself:  
*(if not applicable, indicate N/A)*

Multiple horizontal lines for handwritten input.

H220002641653

#220002641653

The date of each amendment(s) adoption: 07/26/2022 if other than the Date this document signed.

Effective date if applicable: (no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- Adoption of Amendment(s) options: 1. The amendment(s) was/were adopted by the shareholders... 2. The amendment(s) was/were approved by the shareholders through voting groups... 3. The amendment(s) was/were adopted by the board of directors... 4. The amendment(s) was/were adopted by the incorporators...

Dated 8/4/22

Signature [Handwritten Signature]

(By a director, president, or other officer - If directors or officers have not been Selected, by an incorporator - if in the hands of a receiver, trustee, or other court Appointed fiduciary by that fiduciary)

Irene Downing (Typed or printed name of person signing)

President (Title of person signing)

FILED 2022 AUG -4 PM 4: 23 SECRETARY OF STATE TALLAHASSEE, FL