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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON: COSTA NURSER	Y FARMS HOLDINGS, II	NC.	
DOCUMENT NUMBER:	P16000094411			
The enclosed Articles of Ar	mendment and fee are su	bmitted for filing.		
Please return all correspond	lence concerning this ma	tter to the following:		
Aria	Arianna Cabrera de Ona			
	Name of Contact Person			
	Firm/ Company			
2180	21800 SW 162nd Avenue			
	Address			
Miar	mi, FL 33170			
		City/ State and Zip Code	2	
arianna@c	ostafarms.com			
	E-mail address: (to be us	ed for future annual report	notification)	
For further information con-	cerning this matter, pleas	e call:		
Arianna Cabrera de Ona	_	at (247-5135	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for the	following amount made p	payable to the Florida Depa	rtment 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)	
Division o P.O. Box	ent Section of Corporations	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301	

	S, INC.	, , , , , , , , , , , , , , , , , , ,
(Name of	Corporation as currently	filed with the Florida Dept. of State)
P16000094411		
	(Document Number of 0	Corporation (if known)
Pursuant to the provisions of section 607.19 its Articles of Incorporation:	006, Florida Statutes, this <i>F</i>	lorida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name	ne of the corporation:	
Pavilo CNF Holdings, Inc.		The new
	tion "Corp," "Inc," or "C	""company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:		N/A
Principal office address MUST BE A ST		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A
· · · · · · · · · · · · · · · · · · ·		
O. If amending the registered agent and new registered agent and/or the new		ss in Florida, enter the name of the
new registered agent and/or the new		ss in Florida, enter the name of the
new registered agent and/or the new	registered office address:	ss in Florida, enter the name of the
new registered agent and/or the new	registered office address: N/A	
Name of New Registered Agent	registered office address: N/A /Florida stree	
new registered agent and/or the new Name of New Registered Agent	registered office address: N/A (Florida stree	

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:

 $P = President; V = Vice President; T = Treasurer; S \approx Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer, If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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.

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	v	Margarita Costa Suarez	21800 SW 162nd Ave
X Add			Miami, FL 33170
Remove			
2) Change	V	Eduardo C. Costa	21800 SW 162nd Ave
X Add			Miami, FL 33170
Remove			
3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

E. If amending of (Attach addition)	or adding additional Ar onal sheets, if necessary),	ticles, enter change (Be specific)	e(s) here:		
N/A	y necessary,	(ind operator			
					
					
					<u></u>
					
					
					
				-	
			 		
. If an amendm	nent provides for an exc	hange, reclassificat	tion, or cancellati	on of issued share:	<u>s.</u>
provisions fo	or implementing the am	endment if not con	tained in the ame	ndment itself:	
	oplicable, indicate N/A)				
N/A					
					
					
					,
			 _		
		-		_	
_					

	July 25, 2017	
The date of each amendment(s) ad date this document was signed.	option:	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
July 25, 20 Dated Signature (By a diselected)	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Jose A. Costa, III	
	(Typed or printed name of person signing)	
	Vice President	
•	(Title of person signing)	