N16 000009623

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:FUNDACION AGR	OLIBANO, INC		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subt		, -	
Please return all correspondence concerning this matter	er to the following:		
JENNY MOLINA			
	(Name of Contact Po	erson)	
	(Firm/ Company	·)	
1331 BRICKELL BAY DR APT 801			
	(Address)		
MIAMI, FL 33131			
	(City/ State and Zip (Code)	
JENNYMOLINA@AGROLIBANO.COM			
E-mail address: (to be used	for future annual rep	ort notification	n)
For further information concerning this matter, please	call:		
YARELY GILL	at	786	774-6666
(Name of Contact Person))	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida I	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	An Div	eet Address nendment Sectivision of Corpo e Centre of T	rations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

Artick	of		
FUNDACION AGROLIBANO, INC	01	•	
Name of Corporation as currently filed with the Florida	Dept. of State)		
N16000009623	·	ŕ	
(Document Numb	ber of Corporation (if k	nown)	
Pursuant to the provisions of section 617.1006, Florida Status mendment(s) to its Articles of Incorporation:	es, this <i>Florida Not Fo</i>	or Profit Corporation adopts the	following
A. If amending name, enter the new name of the corpora	tion:		
N/A			The new
name must be distinguishable and contain the word "corpora" (Company" or "Co." may not be used in the name.	ution" or "incorporated	d" or the abbreviation "Corp." c	
B. Enter new principal office address, if applicable:	N/A		
Principal office address MUST BE A STREET ADDRESS)		
		-	_
C. Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE BOX)	IVA	-	
			_
			
). If amending the registered agent and/or registered off		, enter the name of the	
new registered agent and/or the new registered office :	address:		
Name of New Registered Agent:			
New Registered Office Address:	(F)	lorida street address)	
N/A			
197	(Circl)	Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa	l Agent: miliar with and accept	the obligations of the position.	
	ignature of New Regist	ered 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.

Example: XChange X Remove X Add	PT John Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	STD_	ANA MARIA MATALIANA	260 CRANDON BLVD. STE 32 # KEY BISCAYNE, FL 33149
xRemove			
2) Change Add	VPD	VERONICA MALDONADO	2751 NORTH MIAMI AVE MIAMI, FL 33127
X Remove Change X Add Remove	VPD	LUISA RAFAELA GUZMAN	1541 BRICKELL AVE APT 1403 MIAMI, FL 33129
4) Change X Add	<u>s</u>	YARELY GILL	950 BRICKELL BAY DR 1708 MIAMI, FL 33131
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
N/A			

		
		
		
		
The date of each amendment(s) ac	doption:, if other that	an the
date this document was signed.		**********
C		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.	ie
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were as was/were sufficient for approva	dopted by the members and the number of votes east for the amendment(s) al.	

adopte	d by the boar	ers or members entitled to vote on the amendment(s). The amendment(s) was/were d of directors.
	Dated _	5/28th/2020
	Signature _	By the chalman or vice glairman of the board, president or other officer-if directors
	1	have not been selected, by an incorporator - if in the hands of a receiver, trustee, or
	(other court appointed fiduciary by that fiduciary)
	(other could appointed fiduciary by that fiduciary) JENNY MOLINA
	(other could appointed fiduciary by that fiduciary)
	(JENNY MOLINA