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COVER LETTER

TO: Amendment Section

A CALTURA **Division of Corporations** NAME OF CORPORATION: TRUCANE SUGAR CORPORATION DOCUMENT NUMBER: 356117 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ERNESTO A VILAR Name of Contact Person TRUCANE SUGAR CORPORATION Firm/ Company 625 N FLAGLER DRIVE, SUITE 507 Address WEST PALM BEACH, FLORIDA 33401 City/ State and Zip Code daniela@dthomasonepa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ERNESTO A VILAR at (561) 471-5100

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □S43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of

	of	
TRUCANE SUGAR CORPORATION		made Stone - Contract of the
(Name of Corpora	ition as currently filed with the Fl	orida Dept. of State)
356117		
(Docu	ument Number of Corporation (if kn	nown)
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this <i>Florida Profit Cor</i>	poration adopts the following amendment(s)
A. If amending name, enter the new name of the	corporation:	
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Cor, word "chartered," "professional association," or th	rp." "Inc." or "Co". A profession	
3. Enter new principal office address, if applicab Principal office address <u>MUST BE A STREET AD</u>		
Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE B)	<u>OX</u>)	
 If amending the registered agent and/or registered new registered agent and/or the new registered 		er the name of the
Name of New Registered Agent	_	
	(Florida street address)	 _
New Registered Office Address:		Florida
	(City)	(Zip Code)
iew Registered Agent's Signature, if changing Rehereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the	obligations of the position.
Sign	nature of New Registered Agent, if c	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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
X Change	V/T	ERNESTO A VILAR	625 N FLAGLER DRIVE
Add			SUITE 507
Remove			WEST PALM BEACH, FL 33401
2) Change	V/D	JESUS J AZQUETA	625 N FLAGLER DRIVE
X Add		_	SUITE 507
Remove			WEST PALM BEACH, FL 33401
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		-	
Add			
Remove			
6) Change			-
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	
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	-
	
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	· · · · · · · · · · · · · · · · · · ·
·	

The date of each amendment(s) adoption:	, if other than the
date this document was 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 document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	t
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
DatedS130119	
Signature Emission	
(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)	
ERNESTO A VILAR	
(Typed or printed name of person signing)	
VICE PRESIDENT/TREASURER	
(Title of person signing)	