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SECRETARY OF STATE
FALLAHASSEE FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>SAPP FARI</u>	MS INC.	· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUMBER: 454545		·
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
	ENIA WALLACE f Contact Person)	
(11440-01	, Constant 1 410011,	
S	APP FARMS INC.	
(Firm	n/ Company)	
	BESSIE ROAD	
	Address)	
	ER, FLORIDA 33070	
(City/ Sta	ate and Zip Code)	
For further information concerning this matter, p	please call:	
Copia Malace (Name of Contact Person)	at (305) 394 68 (Area Code & Daytime T	22 elephone Number)
Enclosed is a check for the following amount ma	ade payable to the Florida Depar	rtment of State:
\$35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	de

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as cu	rrantly filed w		
	HEILLY HIEU W	ith the Florida Dept. of	State)
Some France	Toc	454545	(6.7%, 6
(Document N	umber of Corn	oration (if known)	
(Document 14	amber of corp	oration (if known)	(A) 7
irsuant to the provisions of section 607.1	006, Florida S	statutes, this Florida Pro	ofit Corporation adopts
llowing amendment(s) to its Articles of Inc		·	· · · · · · · · · · · · · · · · · · ·
*	_		7
If amending name, enter the new name	of the corpor	ation:	
			
he new name must be distinguishable incorporated" or the abbreviation "Corp. Co". A professional corporation no sociation," or the abbreviation "P.A."	.," "Inc.," or	Co.," or the designation	n "Corp," "Inc," or
. Enter new principal office address, if a	pplicable:		
Principal office address <u>MUST BE A STR</u>	EET ADDRES	<u>(2</u>)	
			
. Enter new mailing address, if applical	ble:		
(Mailing address MAY BE A POST OF			
			
			
	or registered o	ffice address in Florida.	enter the name of the
. If amending the registered agent and/o			
. If amending the registered agent and/o new registered agent and/or the new r		e address:	
new registered agent and/or the new re		e address:	
		e address:	_
		e address:	_
new registered agent and/or the new real Name of New Registered Agent:	egistered offic		
new registered agent and/or the new re	egistered offic	e address: Florida street address)	
new registered agent and/or the new re Name of New Registered Agent:	egistered offic		
new registered agent and/or the new re Name of New Registered Agent:	egistered offic		, Florida (Zip Code)
new registered agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address:	egistered offic	Florida street address) (City)	
new registered agent and/or the new real Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if characteristics	egistered offic	Florida Street address) (City) ed Agent:	(Zip Code)
new registered agent and/or the new real Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if character of the appointment as registered agent.	egistered offic	Florida Street address) (City) ed Agent:	(Zip Code)
new registered agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address: ew Registered Agent's Signature, if chanhereby accept the appointment as registered.	egistered offic	Florida Street address) (City) ed Agent:	(Zip Code)
new registered agent and/or the new real Name of New Registered Agent:	egistered offic	Florida Street address) (City) ed Agent:	(Zip Code)

(Attach additional sheets, if necessary) Title Name <u>Address</u> Type of Action V D S MA Add ☐ Remove 7 Turnburry Hill Rd Add ES Lexington MA ☐ Remove 17420 SW 267 LANC DI Add PDS Bessie Rd Tavemier, Fl. 33070 Add E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

Page 2 of 3

. 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:

The date of each amendment(s) adoption: 2/17/09
Effective date if applicable: 2/17/09 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" (voting group)
(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.
Dated 2117109
Signature Eugeniu Wallat
(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)
Eugenia Wallace (Typed or printed name of person signing)
Rejutered <u>Cart PDS</u> (Title of person signing)