## 558395

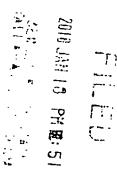
| (Requestor's Na                       | ame)             |
|---------------------------------------|------------------|
| (Address)                             |                  |
| (Address)                             |                  |
| (City/State/Zip/f                     | Phone #)         |
| PICK-UP WAI                           | T MAIL           |
| (Business Entit                       | y Name)          |
| (Document Nur                         | mber)            |
| Certified Copies Certif               | icates of Status |
| Special Instructions to Filing Office | r.               |
|                                       |                  |
|                                       |                  |
|                                       |                  |
|                                       |                  |

Office Use Only



900307597749

01/18/18 -010:0--0:0 \*\*35.00



Aniend

JAN 22 2018 LALBRITTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR                             | ATION: SOUTH FLORID   | A GROWERS ASSOCIAT   | TON, INC.   |
|--|---|--|---|
| DOCUMENT NUMB                              |   |  |   |
|  | of Amendment and fee are su   | bmitted for filing.  |   |
| Please return all corresp                  | oondence concerning this ma   | tter to the following:   |   |
|  | JORGE L. MARTINEZ, CP   | A  |   |
| -  |   | Name of Contact Person   | n   |
| :  | MARTINEZ-MARQUEZ, C   | PA, PA   |   |
| -  |   | Firm/ Company  | •   |
|  | 6303 BLUE LAGOON DRI  | , <u>, , , , , , , , , , , , , , , , , , </u>                      |   |
| -  |   | Address  |   |
|  | MIAMI, FL 33126   |  |   |
| -  |   | City/ State and Zip Cod  | e   |
| JORG                                       | E@MGCCPA.NET  |  |   |
|  | ~   | sed for future annual report                                       | notification)   |
| For further information  JORGE L. MARTINE. | concerning this matter, pleas   |  | 274-2626  |
| Name o                                     | f Contact Person  | Area Co  | de & Daytime Telephone Number   |
| Enclosed is a check for                    | the following amount made   |  |   |
| \$35 Filing Fee                            | □\$43.75 Filing Fee & Certificate of Status                               | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)     |
| Amer<br>Divis<br>P.O.                      | ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314 | Ameno<br>Divisio<br>Clifton<br>2661 E                              | Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301 |

## Articles of Amendment Articles of Incorporation of

| SOUTH FLORIDA GROWERS ASSOCIATION, INC.   |   |
|---|---|
| (Name of Corporation as currently t   | iled with the Florida Dept. of State)                         |
| J58395  |   |
| (Document Number of C   | orporation (if known)   |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatistics</i> of Incorporation:  | orida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation:   |   |
|   |   |
| name must be distinguishable and contain the word "corporation."<br>"Corp" "Inc" or Co" or the designation "Corp." "Inc." or "Coword "chartered," "professional association," or the abbreviation "P. | ". A professional corporation name must contain the           |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )   |   |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )   | 700   |
| D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:   | s in Florida, enter the name of the                           |
| Name of New Registered Agent  |   |
|   |   |
| tFlorida street   | address)  |
| New Registered Office Address:  | Florida   |
| (C  | ity) (Zip Code)   |
|   |   |
| New Registered Agent's Signature, if changing Registered Agent:<br>I hereby accept the appointment as registered agent.—I am familiar wit   | h and accept the obligations of the position.                 |
| Signature of New Reg  | istered 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           | PT John l              | <u>Doe</u>            |                           |
|----------------------------|------------------------|-----------------------|---------------------------|
| X Remove                   | <u>V</u> <u>Mike</u>   | <u>Jones</u>          |                           |
| X Add                      | <u>SV</u> <u>Sally</u> | <u>Smith</u>          |                           |
| Type of Action (Check One) | <u>Title</u>           | Name                  | <u>Addres</u> s           |
| I) Change                  |                        | MARTHA GILMORE        | 207 MIDDLE BAY RD         |
| Add                        |                        |                       | BRUNSWICK, MA 04011       |
| Remove                     |                        |                       |                           |
| 2) X Change                | VSD (TY                | CHRISTOPHER A KENDALL | 10203 KLEINBROOK WAY      |
| Add                        |                        |                       | HIGHLANDS RANCH, CO 80126 |
| Remove 3) Change           | <del>VSTD.</del> VTD   | KENT A BLACK          | 25 WILD BERRY LANE        |
| $\frac{X}{X}$ Add          |                        |                       | PITTSFORD, NY 14534       |
| Remove                     |                        |                       |                           |
| 4) Change                  | <u></u>                | Michael Bradford Jr.  | 8840 SW Barnes Rd         |
| ×_ Add                     |                        |                       | Portland, OR 97225        |
| Remove                     |                        |                       |                           |
| 5) Change                  |                        |                       |                           |
| Add                        |                        |                       |                           |
| Remove                     |                        |                       | <del> </del>              |
| 6) Change                  |                        |                       |                           |
| Add                        |                        |                       |                           |
| Remove                     |                        |                       |                           |

| If amending or adding additional Arti<br>(Attach additional sheets, if necessary). | (Be specific)  |
|--|--|
|  |  |
|  | · · · · · · · · · · · · · · · · · · ·  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  | <u></u>  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| If an amendment provides for an exchaprovisions for implementing the ame           | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| (if not applicable, indicate N/A)  |  |
|  |  |
|  | ·  |
|  |  |
| 1 1.   | · · · · · · · · · · · · · · · · · · ·  |
|  | ······································   |
|  | · · · · · · · · · · · · · · · · · · ·  |
|  |  |

| The date of each amendment(s) addate this document was signed.           | doption:   | if other than the    |
|--|--|----------------------|
| Effective date if applicable:  |  |                      |
|  | (no more than 90 days after amendment file date)   |                      |
| Note: If the date inserted in this bedocument's effective date on the De | block does not meet the applicable statutory filing requirements, this date will repartment of State's records.  | not be listed as the |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )   |                      |
| The amendment(s) was/were add by the shareholders was/were su            | opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.   |                      |
|  | proved by the shareholders through voting groups. The following statement 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)   |                      |
| ☐ The amendment(s) was/were add action was not required.                 | opted by the board of directors without shareholder action and shareholder   |                      |
| ☐ The amendment(s) was/were add action was not required.                 | opted by the incorporators without shareholder action and shareholder  |                      |
| Dated1/5/2   |  |                      |
| Signature  | Peter Kendall  |                      |
| (By a d  | lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary) | -                    |
|  | Peter Kendall  |                      |
|  | (Typed or printed name of person signing)  |                      |
|  | President - SFGA   |                      |
|  | (Title of person signing)  | •                    |