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SECRETARY OF STATE  
TALLAHASSEE, FL

*Handwritten signature*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Highland Food Resources, Inc.

DOCUMENT NUMBER: N02000008707

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Veronica Cornavaca  
(Name of Contact Person)

Highland Food Resources, Inc.  
(Firm/ Company)

1021 Ives Dairy Rd, Ste 214  
(Address)

Miami, FL 33179  
(City/ State and Zip Code)

veronica@highlandfood.org  
E-mail address: (to be used for future annual report notification) ✓

For further information concerning this matter, please call:

Veronica Cornavaca at 305 655-0022  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |   |   |  |
|---|---|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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 Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of  
Highland Food Resources, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N02000008707

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

N/A

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

N/A

Signature of New Registered Agent, if changing

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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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>S</u>	<u>Kendrick Rivera</u>	<u>15341 SW 153rd St</u>
<input type="checkbox"/> Add			<u>Miami, FL 33187</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>S</u>	<u>Karen Valladares</u>	<u>557 NW 49th Ave</u>
<input checked="" type="checkbox"/> Add			<u>Plantation, FL 33317</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>T</u>	<u>Camilo Garzon</u>	<u>238 Magnolia Ave</u>
<input type="checkbox"/> Add			<u>Davie, FL 33325</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>T</u>	<u>Freddy Vesga</u>	<u>11362 SW 15th St</u>
<input checked="" type="checkbox"/> Add			<u>Pembroke Pines, FL 33025</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

1. What is the main purpose of the study?  
 The main purpose of the study is to investigate the effects of a new educational program on student performance.

2. What are the research objectives?  
 The research objectives are to determine the effectiveness of the program, to compare student performance before and after the program, and to identify factors that influence the results.

3. What is the significance of the study?  
 The significance of the study lies in its potential to provide valuable insights into the effectiveness of the educational program, which can inform future educational practices and policy decisions.

4. What are the limitations of the study?  
 The limitations of the study include a small sample size, a short duration of the program, and the potential for external factors to influence the results.

5. What are the conclusions of the study?  
 The conclusions of the study are that the new educational program had a positive effect on student performance, but further research is needed to confirm these findings and to explore the long-term effects of the program.

6/3/2019

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

6/3/2019

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 will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

6/3/2019

Dated

Signature

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Verónica Domavala.

(Typed or printed name of person signing)

Executive Director

(Title of person signing)