NOZ 000008707

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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATI	Highland Food Resc ON:	ources, Inc.		
DOCUMENT NUMBER:	N02000008707			
		' 1 6 - CT		
The enclosed Articles of An	<i>nendment</i> and fee are sub	mitted for filing.		
Please return all correspond	lence concerning this matt	ter to the following:		
Veronica Cornavaca				
		(Name of Contact	Person)	
Highland Food Resources,	Inc.			
	·	(Firm/ Compa	iny)	
1021 Ives Dairy Rd, Ste 21-	4			
		(Address)		
Miami, FL 33179				
		(City/ State and Zi	p Code)	
veronica@highlandfood.org	ā,			
· · · · · · · · · · · · · · · · · · ·	E-mail address: (to be use	d for future annual	report notification	on)
For further information con	cerning this matter, please	e call:		
Veronica Cornavaca			305 at	655-0022
	(Name of Contact Persor		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florid	a Department of	f State:
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing For Certified Copy (Additional copy enclosed)	Certi y is Certi (Add	50 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing /	Address ent Section		Street Address Amendment Sec	rian.
	of Corporations		Amenament Sect Division of Corp	
P.O. Box	•		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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 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. N/A B. Enter new principal office address, if applicable: (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) 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: (Florida street address) New Registered Office Address: , Florida (City) (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.

Signature of New Registered 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 De V Mike Je SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	T	Freddy Vesga	11362 SW 15th St Pembroke Pines, FL 33025
x Remove			
2) Change Add	T	Maria Vila	18564 Orange Grove Blvd Loxahatchee, FL 33470
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add		··-	
Remove			
E. If amending or addin (attach additional shee	g additional Arti	cles, enter change(s) here: (Be specific)	
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7172/7020	
The date of each amendment(s) adoption:	, if other than the
The date of each amendment(s) adoption: 7/23/2020 date this document was signed.	The state of the s
duc this document was signed.	
7/23/2020	
Effective date if applicable:	1 - 1
(no more than 90 days after amendment file o	tate)
Note: If the date inserted in this block does not meet the applicable statutory filing requ	firements, 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.

	8/3/2020
Dated	
Signature	Meneri Mani Cleun
	(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)
	Veronica Cornavaca
	(Typed or printed name of person signing)

(Title of person signing)