## N06000005657

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

RY OF STATE SSEE, FLORIDA

C. LEWIS

OCT 1 8 2013

EXAMINER



## **COVER LETTER**

TO: Amendment Section Division of Corporations

21.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			
NAME OF CORPORATION:	IAL COMMUNITY	FRUIT OF THE VINE, INC.	
DOCUMENT NUMBER: NO600005	657		
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
ANGELA GOMES			
	(Name of Contact Perso	n)	
INTERNATIONAL COMMU	NITY FRUIT	OF THE VINE, INC	
	(Firm/ Company)		
PO BOX 776			
	(Address)	·····	
DEERFIELD BEACH, FI	_ 33441		
	(City/ State and Zip Coc	e)	
alhagerichcpa@a			
E-mail address: (to be used	for future annual report	notification)	
For further information concerning this matter, please	call:		
ALVIN HAGERICH	<sub>at (</sub> 954	473-9212 ode & Daytime Telephone Number)	
(Name of Contact Person)	(Area C	ode & Daytime Telephone Number)	
Enclosed is a check for the following amount made pa	ayable to the Florida Dep.	artment of State:	
■ \$35 Filing Fee	□\$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		Address	
Amendment Section		Iment Section	
Division of Corporations P.O. Box 6327		on of Corporations  Building	
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

APPRUVE® AND FILED

Articles of Amendment to Articles of Incorporation of 13 OCT II PM 2: 54 SECRETARY OF STATE TALLAHASSEE, FLORIDA

(Name of Corporation as currently filed	with the Florida Dept. of	State)	
N06000005657			
(Document	Number of Corporation (if I	(nown)	
ursuant to the provisions of section 617.1006, I mendment(s) to its Articles of Incorporation:	Florida Statutes, this <i>Florida</i>	ı Not For Profit Corporation	adopts the follow
. If amending name, enter the new name of	the corporation:		
			The n
ame must be distinguishable and contain the w Company" or "Co," may not be used in the no		rporated" or the abbreviation	on "Corp." or "In
Enter new principal office address, if appl Principal office address <u>MUST BE A STREE</u>	icable: FADDRESS)		
The court of fice underest work by A STREET			
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	TE DOV)		
(Maning address MAT BE A FOST OFFIC			
. If amending the registered agent and/or re	avistanad office address in	Florida enter the name of	tho
new registered agent and/or the new regis		Plotida, enter the name of	<u>the</u>
Name of Nam Projectored Agents			
Name of New Registered Agent:			
<del></del>	(Florida street a	ddress)	
New Registered Office Address:	(1 other than the father) and	www.cusy	
		, Florida	
	(City)	, 1 1011dd	(Zip Code)
			•
lew Registered Agent's Signature, if changing the hereby accept the appointment as registered a	<u>ig Kegisterea Agent:</u> gent. I am familiar with an	id accept the obligations of th	he position.
	,	, ,	•
	nature of New Registered Ap		

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:

 $P = President; \ V = \ Vice \ President; \ T = \ Treasurer; \ S = \ Secretary; \ D = \ Director; \ TR = \ Trustee; \ C = \ Chairman \ or \ Clerk; \ CEO = \ Chief \ Executive \ Officer; \ CFO = \ Chief \ Financial \ Officer. \ If \ an \ officer/director \ holds \ more \ than \ one \ title, \ list \ the \ first \ letter \ of \ each \ officer \ held. \ President, \ Treasurer, \ Director \ would \ be \ PTD.$ 

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: X Change X Remove X Add	<u>V <u>Mi</u></u>	n <u>n Doe</u> ke Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>D</u>	CELIO FERNANDES	CELIO FERNANDES
Add			4087 CRISTAL LAKE DR
X Remove			POMPANO, FL 33064
2) Change	<u>D</u>	MARLUCIA CARRASQUILLO	MARLUCIA CARRASQUILLO
X Add			218 S.E 1 STREET
Remove			DEERFIELD BEACH FL 33441
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)
<del>.</del>	
W W	
<del></del>	

	date of each amendment(s) a	doption: September 23, 2013	APPROVED ANDIFORMER than the
date	this document was signed.		12 oc
Effe	ective date <u>if applicable</u> :		13 OCT   PH 2: 54
		(no more than 90 days after amendment file date)	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Ado	option of Amendment(s)	( <u>CHECK ONE</u> )	SCE. FLORIDA
	The amendment(s) was/were a was/were sufficient for approx	adopted by the members and the number of votes cast for the	
	There are no members or men adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendmentors.	nt(s) was/were
	Dated Septe	mber 23, 2013	
	· Signature		
	(By the char have not be	frman or vice chairman of the board, president or other officen selected, by an incorporator – if in the hands of a receil appointed fiduciary by that fiduciary)	icer-if directors ver, trustee, or
	ANGELA	GOMES	
	*****	(Typed or printed name of person signing)	
	PRESIDE	NT	
		(Title of person signing)	<del></del>