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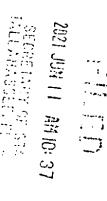
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COVER LETTER

TO: Amendment Section Division of Corporations

INT	ERNATIONAL C	OMMUNITY FRU	T OF THE VI	NE, INC.
NAME OF CORPORATION:				
N0600000 DOCUMENT NUMBER:				
The enclosed Articles of Amendment	and fee are submi	ued for filing.		
Please return all correspondence conc	erning this matter	to the following:		
PAULO CUNHA				
	(1	Name of Contact Per	son)	
INTERNATIONAL COMMUNITY	FRUIT OF THE V	ANE, INC		
		(Firm/ Company)		
PO BOX 776				
		(Address)		
DEERFIELD BEACH, FL 33441				
	(City/ State and Zip C	ode)	
al@alhagerichcpa.net				
E-mail add	lress: (to be used)	for future annual repo	ort notification)
For further information concerning th	is matter, please c	rall:		
ALVIN HAGERICH		at	954-473-9212	
(Name o	f Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following	, amount made pay	yable to the Florida F	Department of S	State:
□ \$35 Filing Fee □\$43.7 Certi	75 Filing Fee & Ficate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



2021 JUN 1 1 AM 10: 37

INTERNATIONAL COMMUNITY FRUIT OF THE VINE, INC.

		Composer of the first of the first
(Name of Corporation as currently filed with th	e Florida Dept. of State)	TAUL AMAGGER, P.
N06000005657		The August Toler
(Docu	nent Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		I" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
D. If amending the registered agent and/or regi		, enter the name of the
new registered agent and/or the new register		
Name of New Registered Agent:	CUNHA, PAULO	
	706 SE 2ND AVE UNIT 335	
		lorida street address)
<u>New Registered Office Address</u> :		
	DEERFIELD BEACH	, Florida 33441
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		the obligations of the position.
-	Waller and	4
	Signature of New Regist	ered 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: X Change X Remove X Add	<u>PT</u> V <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	PD	GOMES, ANGELA D	1288 SW 17TH ST BOCA RATON, FL 33486
x Remove			
2) × Change Add	PD	CUNHA, PAULO	706 SE 2ND AVE UNIT 335 DEERFIELD BEACH, FL 33441
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.		nal Articles, enter change(s) here: ssary). (Be specific)	
			.

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	HINE 4 2021	
The date of each amendment(s) added 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 blo document's effective date on the De	ock does not meet the applicable statutory filing requiren partment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast for al.	the amendment(s)

Sign	nure Paul and
	(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)
	PAULO CUNHA
	(Typed or printed name of person signing)
	DIRECTOR