

N10000002326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

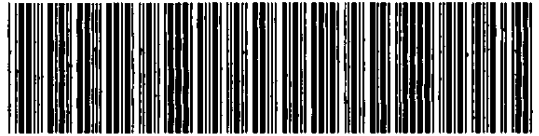
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10 MAY -3 AM 8:18

SECRETARY OF STATE
JAIL MASS FILING

n/c & Amend.

RECEIVED

MAY 05 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 14, 2010

ERNESTO PICHARDO
436 PALM AVE.
HIALEAH, FL 33010

SUBJECT: CP FAMILY FARM ALLIANCE INC.
Ref. Number: N10000002326

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 110A00009153

RECEIVED
2010 MAY -3 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CP FAMILY FARM ALLIANCE, INC.

DOCUMENT NUMBER: N10000002326

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

Please return all correspondence concerning this matter to the following:

L. ERNESTO RICHARDO

(Name of Contact Person)

CP FAMILY FARM ALLIANCE, INC.

(Firm/ Company)

436 PALM AVENUE

(Address)

ATLANTA, FL 33010

(City/ State and Zip Code)

SOLUTIONSCLINIC@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

L. Ernesto Richarado

(Name of Contact Person)

at (305) 887-6969

(Area Code & Daytime Telephone Number)

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

☒ \$35 Filing Fee
SENT PREVIOUSLY

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$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

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

CP FAMILY FARM ALLIANCE INC.

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

N10000002326

(Document Number of Corporation (if known))

FILED
10 MAY - 3 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

C9 FAMILY FARM ALLIANCE, INC.

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)

436 PALM AVENUE
HALEAH, FL. 33010

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5/14

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:

New Registered Office Address:

_____ (Florida street 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

The date of each amendment(s) adoption: April 01, 2010
(date of adoption is required)
Effective date if applicable: April 01, 2010
(no more than 90 days after amendment file date)

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.

Dated 4/19/10

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)

FERNANDO PICHARDO
(Typed or printed name of person signing)

SECRETARY - TREASURER
(Title of person signing)