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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

APR 23 2019
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Summer Breeze Fr	uit Company			
DOCUMENT NUMB	ER: P00000064632		<u></u>		
The enclosed Articles a	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
1	Robert Behr				
-	Name of Contact Person				
-		Firm/ Company			
:	3009 Shoal Creek Village Dr	ive			
-	Address				
!	Lakeland, FL 33803				
-		City/ State and Zip Code			
	F-mail address: (to be u	sed for future annual report	notification)		
	2 weeks (12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	,	·		
For further information	concerning this matter, pleas	se call:			
Robert Behr		at (<u>863</u>	de & Daytime Telephone Number		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:		
■ \$35 Filing Fee	□\$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		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

'Articles of Amendment Articles of Incorporation

C	d .		
Summer Breeze Fruit Company			
(Name of Corporation as curren	tly filed with the Florida Dept, of Stat	<u>e)</u>	
P00000064632			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the	following amend	lment(s) t
A. If amending name, enter the new name of the corporation:			
			iew
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation nan	or the abbrevia ne must contain	tion the
B. Enter new principal office address, if applicable:	3009 Shoal Creek Village Drive		
Principal office address MUST BE A STREET ADDRESS)	Lakeland, Florida 33803		_
			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3009 Shoal Creek Village Drive		_
	Lakeland, Florida 33803	SE SE	
		APP AH	_~!!!
D. If amending the registered agent and/or registered office ad-	draws in Florida, anter the name of the	17.85 17.85 17.85	
new registered agent and/or the new registered office addre			
Name of New Registered Agent		AH S	
Name of New Registered Agent		9: 28 24 18 24 18 25 18	
(Elovida e	rreet address)	<u>Sm</u> œ	
ir tortua 3	neer aan ess)		
New Registered Office Address:, Florida_		(Zip Code)	_
	(enjy	(Ziff Code)	
Sew Registered Agent's Signature, if changing Registered Ager	it:		
hereby accept the appointment as registered agent. I am familian	with and accept the obligations of the p	osition.	

Page 1 of 4

Signature of New Registered Agent, if changing

, . If amgnding 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change		<u> </u>	
Add			
Remove			
2) Change			· · · · · · · · · · · · · · · · · · ·
Ađđ			19 / ALL
Remove			ARE APR TO
3) Change			SSR 5
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Remove			8: 28 ORIDA
4) Change			
Add			
Remove			
5) Change		_	·
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)		
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	>> ≥>	Ŋ
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:		
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	15 SSE	
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The date of each amendment(s) adoption:date this document was signed.	<u> </u>		, if other than the
Effective date <u>if applicable</u> :	no more than 90 days af	ier amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of States	meet the applicable stat		nis date will not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)		
The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app		of votes east for the amendn	nent(s)
☐ The amendment(s) was/were approved by the si must be separately provided for each voting gr	hareholders through voti coup entitled to vote sepo	ng groups. The following startely on the amendment(s).	alement :
"The number of votes cast for the amendr	nent(s) was/were sufficie	nt for approval	
by(voting	g group)		
☐ The amendment(s) was/were adopted by the bo action was not required.	ard of directors without	shareholder action and share	holder
The amendment(s) was/were adopted by the incaction was not required.	orporators without share	holder action and sharehold	er
March 25, 2019 Dated			
Signature // C	that or other officer - if d	Behr rectors or officers have not 1	been
selected, by an incorp appointed fiduciary by		f a receiver, trustee, or other	r court
Rob	ERT N). BEHR	TO APR
Vic	F P118511)	erson signing) EN F	SSEE F
	(Title of person	signing)	8: 28 STATE LORIDA