00000144

| (Requestor's Name) | |
|---|---------------|
| (Address) | 300249995 |
| (Address) | A. |
| (City/State/Zip/Phone #) , | ida- |
| | 07/23/1301009 |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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Office Use Only



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COVER LETTER

TO: Amendment Section
Division of Corporations

| Division of Corp | orations | | | |
|---|---|--|--|--|
| NAME OF CORPO | RATION: THRIFTY F | ANCY PRODUC | CE, INC. | |
| DOCUMENT NUM | BER:P06000144 | 576 | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | | |
| Please return all corre | spondence concerning this ma | tter to the following: | | |
| | WILL | IAM S. VASQUE | =7 | |
| | | Name of Contact Persor | | |
| | A & A BUSINES | SS SERVICES, | | |
| | | Firm/ Company | | |
| | 3077 MICHIGAN | AVE. | • | |
| | | Address | | |
| | ORLANDO, FL. 3 | 32819 | | |
| | | City/ State and Zip Code | | |
| | AABUSINE | ESSFL@HOTMA | AIL.COM | |
| | | sed for future annual report | | |
| | | | | |
| For further informatio | n concerning this matter, pleas | se call: | | |
| WILLIAM | | at (407 | 383-7812 | |
| Name | of Contact Person | Area Co | de & Daytime Telephone Number | |
| Enclosed is a check for the following amount made payable to the Florida Department 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 | | | Address | |
| Amendment Section | | Amendment Section | | |
| Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building | | | | |
| Tallahassee, FL 32314 2661 Executive Center Circle | | | | |
| | | Tallaha | ssee FL 32301 | |

Articles of Amendment to Articles of Incorporation of

| THRIFTY FANCY PRODUCE, INC. | <u>,</u> |
|--|-------------------|
| (Name of Corporation as currently filed with the Florida Dept. of State) P06000144576 | - |
| (Document Number of Corporation (if known) | - |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation: | g amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| | _The new |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the a "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must word "chartered," "professional association," or the abbreviation "P.A." | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | - |
| \cdot | - |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | - |
| | - は |
| | |
| D. If any district the state of | 13 JU 23 PH 1: 36 |
| D. <u>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:</u> | 7 |
| Name of New Registered Agent JUANA LIZARDO | : بن |
| 259 KASSIK CIRCLE ORLANDO, | σ |
| (Florida street address) | |
| New Registered Office Address: FLORIDA Florida 34744 | _ |
| (City) (Zip Code) | |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. Lam 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 <math>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 | <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> | <u>Name</u> | Address |
| 1) Change | VP | WENDY CASTILLO | 3077 MICHIGAN AVE. |
| Add X Remove | | | KISSIMMEE, FL. 34744 |
| 2) Change | | _ | |
| Remove 3) Change Add | | | |
| Remove 4) Change | | | |
| Add | | | |
| 5) Change Add | | | |
| Remove 6) Change | | | |
| Add | | | |

| ach additional sheets, | if necessary). | (Be specific) | | | |
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| | | nument it not | contained in th | e amenument usen | <u> </u> |
| FICLE II: DEC | REASE | NUMBE | R OF SH | ARES FROM | M 50 TO 0 |
| NDY CASTIL | LO: 307 | 7 MICHIO | SAN AVE | KISSIMME | E, FL. 347 |
| | | | ·——— | | |
| | | | | | 4 50 TO 10 |
| | | | | | |
| NA LIZARDO | D; 259 K | <u>ASSIK C</u> | IRCLE O | RLANDO, F | FL. 32824_ |
| | | | | | |
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| | | | | _ | |
| | in amendment provide to visions for implement (if not applicable, in TICLE II: DEC | in amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A) FICLE II: DECREASE NDY CASTILLO: 307 | in amendment provides for an exchange, rectassift ovisions for implementing the amendment if not (if not applicable, indicate N/A) FICLE II: DECREASE NUMBER NDY CASTILLO: 3077 MICHICALE III: INCREASE NUMBER | in amendment provides for an exchange, reclassification, or can revisions for implementing the amendment if not contained in the (if not applicable, indicate N/A) TICLE II: DECREASE NUMBER OF SH/A NDY CASTILLO: 3077 MICHIGAN AVE. TICLE II: INCREASE NUMBER OF CH/A | in amendment provides for an exchange, reclassification, or cancellation of issued ovisions for implementing the amendment if not contained in the amendment itsel |

| The date of each amendment(s) adoption: JULY 01,2013 | , if other than the |
|--|---------------------|
| date this document was signed. | |
| Effective date if applicable: (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) (CHECK ONE) | |
| ■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. | |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): | nt |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by" (voting group) | |
| (voting group) | |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. | |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| Dated 07/15/2013 Signature (By(a director, president or other officer - Properties have not been | |
| selected, by an incorporator of in the hailest of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | |
| JUANA LIZARDO | |
| (Typed or printed name of person signing) | |
| PRESIDENT | |

(Title of person signing)