Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220002641653)))



H220002841653ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : NUEVA VIDA ACCOUNTING CORP.

Account Number : 120150000017 Phone : (305)752-7505

Fax Number : (305)752-4409

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_

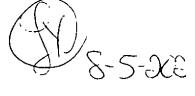
# COR AMND/RESTATE/CORRECT OR O/D RESIGN SUPERIOR DAIRY CORPORATION

Certificate of Status	0
Ccrtified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help



H220002641653

Articles of Amendment to Articles of Incorporation of

### **SUPERIOR DAIRY CORPORATION**

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

#### P07000101399

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

new name must be distinguishable and conto	nin the word "corporation," "comp	any," or "incorporated" or the abbre	viation "Corp.,
"inc.," or "Co.," or the designation "Corp," "li			
professional association," or the abbreviation	on "P.A."		
3. Enter new principal office address, if app (Principal office address <u>MUŞT BE A STRE</u>			
	_		S S
Enter new mailing address, if applicable:			A.C.R
(Mailing address MAY BE A POST OFFICE I	BOX)	• • • • • • • • • • • • • • • • • • • •	<u> </u>
			<u>تن جر</u> <del>ت- دي</del>
			<i>5</i> 2, ≺
	<del></del> .		(17)
D. If amending the registered agent and/or		a, enter the name of the	: '(の     こ
new registered agent and/or the new reg	ristered office address:		131
			•
Name of New Registered Agent			
Nome of New Registered Agent			
Nome of New Registered Agent	(Florida street addi	ess)	<del></del>
	(Florida street add		
Name of New Registered Agent  New Registered office Address:	(Florida street addi	ess), Florida(Zip Code)	
New Registered office Address:	(City)	Florida	
New Registered office Address:  New Registered Agent's Signature, if changi	(City)	, Florida(Zip Code)	
New Registered office Address: New Registered Agent's Signature, if changi	(City)	, Florida(Zip Code)	
New Registered office Address:  New Registered Agent's Signature, if changi	(City)	, Florida(Zip Code)	<del></del>
New Registered office Address:  New Registered Agent's Signature, if changi	(City)	, Florida(Zip Code)	
	(City) ing Registered Agent: ed agent. I am fomilior with and a	, Florida(Zip Code)	

H220002641653

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)

Remove

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 Chang	ŧ	<u>PT</u>	John Doe		
X Remo	vē	Ā	Mike Jones		
X Add		ΣV	Sally Smith		
Type of A	Action Ine)		<u>Title</u>	<u>Name</u>	Address
1)	Change		T	Gabriela Downing	6445 SW 130 Place #601 Mlami, FL 33183
×	Add				·
	Remove				
2)	Change				
	bbA				
	Remove				
3)	Change				
	Add				
	Remove				
4)	Change				
	Add				
	Remove				
5)	Change				
	Add				
	Remove				
6)	Change				
	Add				

2022 AUG -4 PM 4: 23 SECRETARY OF STATE

## H220002641653

tach additional sheets, if necessary). (Be specific)	
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	·
an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
ovisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
	<del> </del>

	date of each amendment(s) adoption: this document signed.	07/26/2022	if other than the
Effec	tive date if applicable:		
	(no me	ore than 90 days after amendment	t file date)
Note the d	: If the date inserted in this block does no locument's effective date on the Department		ing requirements, this date will not be listed as
Adop	rtion of Amendment(s) (CH	ECK ONE)	
X	The amendment(s) was/were adopted by the shareholders was/were sufficient for		votes cast for the amendment(s)
	The amendment(s) was/were approved b Must be separately provided for each voti		
	The number of votes cast for the amend	ment(s) was/were sufficient for a	pproval
	By(voting gro	ир)	<del></del>
	The amendment(s) was/were adopted by t Action was not required.	he board of directors without shar	reholder action and shareholder
	The amendment(s) was/were adopted by ti Action was not required.	he Incorporators without sharehol	der action and shareholder
	Dated 9	14/52 Donas	
	Selected, by an i	esident, or other officer – If directon ncorporator – if in the hands of a reary by that fiduciary)	
		Irene Downir (Typed or printed name of po	

President (Title of person signing)