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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	NATION: Hawk	Produce,	Inc.
DOCUMENT NUME	BER: P090	00056193	***************************************
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Gene	Allen Hawk Name of Contact Perso K Produce Firm/ Company Walden Sh	(in5
		Name of Contact Perso	n
	Har	ak Produce	, Inc.
		Firm/ Company	
	14002	Walden sh	effield "
		Address	
_	Dove	Fl. 33 9 City/ State and Zip Cod	527
		City/ State and Zip Cod	e
	Geneol E-mail address: (to be us	HOUZ@ Hosed for future annual report	tmail.com notification)
For further information	concerning this matter, pleas	se call:	
Gene 1	Allen Hawkin	5 at (813	de & Daytime Telephone Number
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
	ling Address		Address
Δme	ndment Section	Ameno	Imant Saction

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

Artic	eles of Incorporation of	
Hawk Pr	oduce. I	nc.
(Name of Corporation as	currently filed with the F	lorida Dept. of State)
P0900	00056193	
(Document N	Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Stati its Articles of Incorporation:	utes, this Florida Profit Co	rporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	ation:	
		The new
name must be distinguishable and contain the word "cc "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	nc," or "Co". A professio	or "incorporated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u>'S</u>)	
	 	
	 	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(maining and ess MATE DE ATTOCK BOX)		

D. If amending the registered agent and/or registered of	ffice address in Florida, er	nter the name of the
new registered agent and/or the new registered office	e address:	
Name of New Registered Agent		
(I	Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered	ed Agent:	
I hereby accept the appointment as registered agent. I am	familiar with and accept th	e 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 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.

	ove, and Sally Smith, SV as an Add.	
Example: X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	Secretary Lyndsey L. Hawkins	14002 Walden Sheffield"
Add	•	Dover, F1 33527
^ Remove		
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		1
Remove		
6) Change		
Add		
Remove		

	(Be specific)
•	•
· · · · · · · · · · · · · · · · · · ·	NAME OF TAXABLE PARTY O

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for amondment avoides for an each	ange medessification or consultation of instead shows
f an amendment provides for an exch provisions for implementing the ame	sange, reclassification, or cancellation of issued shares, and and an analysis of the amendment itself:
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The date of each amendment(s) adoption: 9/14/15	, if other than the
date this document was signed.	,
Effective date if applicable:	
Effective date if applicable:	nt file date)
Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast to by the shareholders was/were sufficient for approval.	for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for approve	ai
by(voting group)	·"
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	ction and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action action was not required.	and shareholder
Dated 9 14 15	•
Signature Signature	
(By a director) president or other officer – if directors or offi selected, by an incorporator – if in the hands of a receiver, to	
appointed fiduciary by that fiduciary)	,
Cene Allen Hau (Typed or printed name of person signing	Kins
(Typed or printed name of person signing	()
President	
(Title of person signing)	