# P100000 56357

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Amend

MAY 23 2019 I ALBRITTON

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: <u>AAA</u>	PIG FARM	S, /NC
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
<u> LEBASTIA</u>	Name of Contact Perso.	P.
dan Pic	FARMS INC	
MAM 116	FARMS, /NC Firm/ Company	
	NDRY ISLES Address	BLVD
CLEWIS TO	NDRY ISCES Address  ON FL 334 City/ State and Zip Cod	440
	8ELLSOUTH . No sed for future annual report	
For further information concerning this matter, pleas	se call:	
SEBASTIAN BAYON Name of Contact Person	at 786	, 301.0484
Name 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 & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section	Ameno	Address Iment Section
Division of Corporations	Division	on of Corporations

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** Articles of Incorporation of

#### AAA PIG FARMS, INC

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

#### P10000056357

(Document N	Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statilits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following	lowing amendn	nent(s
A. If amending name, enter the new name of the corpor.	ration:		
		The ne	
name must be distinguishable and contain the word "co"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inword "chartered," "professional association," or the abbre	ne," or "Co". A professional corporation name :	the abbreviation must contain th	on he
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	<u>S</u> )		-
	- 74::	<del></del>	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		20	
(Stuting datacess SEA COLLA) WIT OF FIGURES.		ÇD.	- ,
			- · · · ·
		<u> </u>	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		PH	
	e audiess:	<u></u> 2	
Name of New Registered Agent		0	
	Florida street address)		
New Registered Office Address:	, Florida		_
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept the obligations of the posi	'tion.	
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.

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)	Title	<u>Name</u>	Address
1) Change	V	Felipe Fabregas	701 Hendry Isles Blvd
Add	-		Clewisto Fl 33440
X Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change	_		
Add			
Remove			·
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	s, if necessary). (Be sp	recific)			
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an amendment prov	ides for an exchange, r	eclassification, o	r cancellation of	issued shares.	
rovisions for implen	nenting the amendmen	t if not contained	in the amendme	nt itself:	
(if not applicable,	indicate N/A)		•		
				<del></del>	
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The date of each amendment(s) adop	tion:	, if other than th
date this document was signed.		
Effective date if applicable:	1 <mark>4Y - 9<sup>TH</sup>- 2019</mark> (no more than 90 days after amendment fi	
<u></u>	(no more than 90 days after amendment fi	le date)
<b>Note:</b> If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirement of State's records.	irements, this date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The number of votes cast for ient for approval.	the amendment(s)
☐ The amendment(s) was/were approx must be separately provided for each	red by the shareholders through voting groups. The first voting group entitled to vote separately on the am	ollowing statement endment(s):
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	·	
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder actio	n and shareholder
☐ The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and	d shareholder
Dated MAY =	2019  Table 1 of ther officer - if directors or officer	
(By a direct	nor-president of other officer - if directors or officer	s have not been
<i>श्र</i> ील्य्ह्र्य, t	y an incorporator – if in the hands of a receiver, trust	ee, or other court
appointed	fiduciary by that fiduciary)	
	SEBASTIAN BAYON (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	