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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ACCOUNTANT & BUSINESS CONSULTANTS INC

Account Number : I20110000083 : (305)705-7922 Phone

Fax Number : (786)353-0976

**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 **G&L HONEY FARMS, INC**

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COVER LETTER

TO: Amendment Sect Division of Corp			
NAME OF CORPO	RATION: G&L HONE	EY FARMS, INC	
	BER: P1000006728		
	of Amendment and fee are su		
Please return all corre	spondence concerning this ma	tter to the following:	
	LAZARO GONZA	ALEZ	
		Name of Contact Person	n
	G&L HONEY FAI	RMS, INC	
		Firm/ Company	
	1729 NW 17TH S	ST ·	
	·- · · ·	Address	_
	CAPE CORAL, F	L 33993	
		City/ State and Zip Cod	e
rea	lazaro@aol.com		
168		sed for future annual report	notification
	E mai addies. (to be a	ion for farmer report	Homeony
For further information	n concerning this matter, pleas	se call:	
LAZARO GO	NZALEZ	at (239	de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	urtment 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)
	lling Address		Address
	endment Section ission of Corporations		ment Section on of Corporations
	. Box 6327		on or Corporations Building
Tall	ahassee, FL 32314		xecutive Center Circle
		i allana	assee, FL 32301

Articles of Amendment

Articles of Incorporation 14 JUN -2 411 9: 13

C R I	HON	EV	FARMS.	INC
GQL.	מטח	I⊏ T	FARIVIO.	HNU

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

P10000067286

(Document Number of Corporation (if known)

endment(s) to

If amending name, enter the new name of the co	orporation:
me must he distinguishable and contain the word orp.," "Inc.," or Co.," or the designation "Corp., rd "chartered," "professional association," or the designation or the designation.	d "corporation," "company," or "incorporated" or the ," "Inc," or "Co". A professional corporation name mus ahhreviation "P.A."
Enter new principal office address, if applicable	1729 NW 17TH ST
incipal office address <u>MUST BE A STREET ADD</u>	
Enter new mailing address, if applicable:	1729 NW 17TH ST
(Mailing address MAY BE A POST OFFICE BO.)X)
	CAPE CORAL, FL 33993
If amending the registered agent and/or register new registered agent and/or the new registered of Name of New Registered Agent	CAPE CORAL, FL 33993
new registered agent and/or the new registered	CAPE CORAL, FL 33993
new registered agent and/or the new registered	CAPE CORAL, FL 33993 red office address in Florida, enter the name of the office address: (Florida street address)
Name of New Registered Agent	CAPE CORAL, FL 33993 red office address in Florida, enter the name of the office address: (Florida street address)

· 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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	Y	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	DST	_	ROYCER DELGADO	317 GRANT BLVD
Add				LEHIGH ACRES, FL 33974
Remove				
2) Change		_		
Add Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				· · · · · · · · · · · · · · · · · · ·
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Remove				

Page 2 of 4

If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)							
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provision	s for implen	nenting the am	endment if no	t contained i	n the amendme	nt itself:	
(ıf no	t applicable,	indicate N/A)					
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