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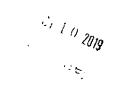
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2019 SEP 25 PH 6: 40
SEC.



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	NAPLES M	IEAT & PROI	DUCE C	ORP.	
DOCUMENT NUMBER:	D11000004100				
The enclosed Articles of Amendm	ent and fee are sub	mitted for filing.			
Please return all correspondence c	oncerning this matte	er to the followin	g:		
YAJDIEL	COLLADO				
		Name of Conta	et Person	.	
NAPLES	MEAT & PROD	DUCE CORP.			
		Firm/ Com	ipany		
2560-28	96 EAST TAMI	AMI TRAIL,	UNIT 9		
		Addres	SS		
NAPLES,	FL 34112				
		City/ State and	Zip Code		
DOCUM	ENTS@IBSTAX	(.COM			
	address: (to be used		al report no	otification)	
For further information concerning	; this matter, please				
)234-5136	
Name of Contact P	erson		Area Code	& Daytime Telephone Number	
Enclosed is a check for the following	ng amount made pa	yable to the Flor	ida Depart	ment of State:	
	75 Filing Fee & ficate of Status	■\$43.75 Filing Certified Copy (Additional co- enclosed)	y	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Division Clifton B	ent Section of Corporations	

Tallahassee, FL 32301

Articles of Amendment

o

Articles of Incorporation

of

NAPLES MEAT & PRODUCE CORP.

(Name of Corporation as curre	ently filed with the Florida Dept. of State)
P1100000418	39
(Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or	r "Co". A professional corporation name must contain the
word "chartered," "professional association," or the abbreviation	$n \in PA$.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2019 SE
(Maning address STAT BE A POST OFFICE BOX)	22 CJ
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addre	ddress in Florida, enter the name of the
Name of New Registered Agent N/A	
(Florida	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	ent: ar with and accept the obligations of the position.
N/A	
Signature of New	v 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	N/A	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1)Change				
Add				
Remove				-
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add			· <u> </u>	
Remove				

E. If amending or adding (Attach additional sheet	s, if necessary).	(Be specific)				
N/A						
 						
-						
		<u> </u>	· · · · · · · · · · · · · · · · · · ·			
		<u> </u>				
	<u> </u>					
F. If an amendment prov provisions for implen (if not applicable, RECLASSIFICATION	indicate N/A)	idment if not con	ition, or cancella	ntion of issued s mendment itself:	hares,	
				 _		
YAJDIEL COLLADO:	PTD - 80 S					
PEDRO COLLADO:	STD - 10 S					. <u> </u>
DORIS FERREIRA:	VPD - 10 S	HARES				.
		_				
						

The date of each amendment(s) adopt	ion: 10/01/2019	, if other than the
late this document was signed.		
Effective date if applicable:	10/01/2019	
	(no more than 90 days after amendment file	e date)
Note: If the date inscrted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirement of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes east for the bent for approval.	ne amendment(s)
	ed by the shareholders through voting groups. The foil h voting group entitled to vote separately on the amer	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
action was not required.	by the board of directors without shareholder action by the incorporators without shareholder action and	
1	4	
Dated9/23	3/19	
Signature	while Collocale	
selected, by	or, president or other officer – if directors or officers an incorporator – if in the hands of a receiver, trusted iduciary by that fiduciary)	have not been e, or other court
	YAJDIEL COLLADO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	-