## P11000058040

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## **COVER LETTER**

**TO:** Amendment Section

Division of Corporations

NAME OF CORPORATION: Manuel & Sons Citrus Inc DOCUMENT NUMBER: P11000058040 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Donnie Clark Name of Contact Person Donnie Clark & Associates Firm/ Company 912 N. 21st Street Address Fort Pierce, Fl 34950 City/ State and Zip Code donnieclark714@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Donnie Clark Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & □\$52.50 Filing Fee □ \$35 Filing Fee **□\$43.75** Filing Fee & Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Manuel & Sons, Citrus Inc.		
(Name of Corporation as currently filed with the Florida Dept. of State)		
P11000058040		
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpore</i> its Articles of Incorporation:	atton adopts the following	amendment(s)
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "company," or "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional word "chartered," "professional association," or the abbreviation "P.A."	incorporated" or the ab	breviation
The Management of the Lorentz and discount of a contract of the Contract of th		12 12
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		JAN -6
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		CORPORATIONS 6 PH 4: 32
D. If amending the registered agent and/or registered office address in Florida, enter to new registered agent and/or the new registered office address:	the name of the	
Name of New Registered Agent		
(Florida street address)		
7.717 2.102.101.101.101.101.101.101.101.101.10	Florida	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obl  Signature of New Registered Agent, if changing	igations of the position.	

## 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>	<u>Addres</u> s
1) Change Add Remove	<u>P,D</u>	Manuel Zamarripa	229 Willow Street Fellsmere FL 32948
2) X Change Add Remove	P,D	Samuel Zamarripa	229 Willow Street Fellsmere FL 32948
3 ) Change Add Remove	<u> </u>		
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Artication (attach additional sheets, if necessary).	(Be specific)
	,
provisions for implementing the ame (if not applicable, indicate N/A)	ge, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment	t(s) adoption: December 12, 2011
Effective date <u>if applicable</u> :	December 12, 2011
<u></u>	(no more than 90 days after amendment file date)
A.B., At	CHECK ONE
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/web by the shareholders was/web.	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
• •	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(, s, m, 8, s, m, t)
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated Dec	cember 12, 2011
Signature /	102
See See	by a director, president or other office if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)
	Samuel Zamarripa
	(Typed or printed name of person signing)
	President, Director
	(Title of person signing)