PIIODOUSIAZ

| (Re | equestor's Name) | |
|---|--------------------|-------------|
| (Ac | ldress) | |
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| (Bu | ısiness Entity Nan | ne) |
| (Document Number) | | |
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09/26/11--01035--022 **35.00



Amend 00928/11

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Alvarez Farm Corp. DOCUMENT NUMBER: __ P 110000 6 5 792 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Miami FL 33175

City/ State and Zip Code Mariamorejon 4 Qgmail . com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Maria Morejon at (786) 488 1506

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment

to Articles of Incorporation of

| Alvarez Farm Corp. |
|--|
| (Name of Corporation as currently filed with the Florida Dept. of State) |
| P 110000 65792 |
| (Document Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the folloamendment(s) to its Articles of Incorporation: |
| A. If amending name, enter the new name of the corporation: |
| The new |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." |
| B. Enter new principal office address, if applicable: |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) |
| The state of the s |
| 26 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) |
| (Mutting dudress MAT BE A TOST OFFICE BOX) |
| % |
| D. If a way distributed agent and/or registered office address in Florida, onton the name of the |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: |
| Name of New Registered Agent: Raul Glvare 2 2021 SW 140 PL |
| 2021 SW 140 PL |
| New Registered Office Address: (Florida street address) |
| Miani , Florida 33125 |
| (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 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)

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--|----------------------------------|-------------------|
| | | | ☐ Add ☐ Remove |
| | | | |
| | | | Add |
| (attach a | iding or adding additional Articles, eadditional sheets, if necessary). (Be s | nter change(s) nere: pecific) | |
| | | | |
| provis | mendment provides for an exchange ions for implementing the amendmenting the amendmenting the amendmenting the applicable, indicate N/A) | | |
| | | | |
| | | | |
| | | | |

| The date of each amendment(s) ad- | option: September 22, 2011 |
|--|---|
| • | (date of adoption is required) |
| Effective date <u>if applicable</u> : | nore than 90 days after amendment file date) |
| (| |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were ado by the shareholders was/were suf | pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval. |
| | roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): |
| "The number of votes cast fo | or the amendment(s) was/were sufficient for approval |
| by | ng group) |
| (voim | gg group) |
| The amendment(s) was/were adoption was not required. | pted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/were adopaction was not required. | pted by the incorporators without shareholder action and shareholder |
| Dated | 9/22/11 |
| Signature | ector, president or offiger – if directors or officers have not been |
| selected, b | by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary) |
| | Maria Morejoń (Typed or printed name of person signing) |
| | (Typed or printed name of person signing) |
| | President. |
| | (Title of person signing) |





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Florida Profit Corporation

ALVAREZ FARM CORP

Filing Information

Document Number P11000065792

FEI/EIN Number NONE

Date Filed

07/21/2011

State

FL

Status Effective Date

ACTIVE 07/21/2011

Principal Address

2021 SW 140 PL MIAMI FL 33175

Mailing Address

2021 SW 140 PL **MIAMI FL 33175**

Registered Agent Name & Address

MOREJON, MARIA 2021 SW 140 PL **MIAMI FL 33175 US**

Officer/Director Detail

Name & Address

Title P

MOREJON, MARIA 2021 SW 140 PL **MIAMI FL 33175**

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