## 712000040307

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| Certified Copies               | Certificates of Status |
| Special Instructions to Filing | Officer:               |
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO          | DRATION: DILLEY CITRUS                       | NURSERY INC   |  |  |
|------------------------|--|---|--|--|
|                        | 1BER: P12000040307                           |   |  |  |
| The enclosed Article   | es of Amendment and fee are su               | bmitted for filing.   |  |  |
| Please return all corr | respondence concerning this ma               | itter to the following:   |  |  |
|                        | Paul A. Krasker                              |   |  |  |
|                        |  | Name of Contact Person  | 1  |  |
|                        | Law Office of Paul A. Krask                  | ter, P.A.   |  |  |
|                        |  | Firm/ Company   |  |  |
|                        | 1615 Forum Place, 5th Floor                  |   |  |  |
|                        |  | Address   |  |  |
|                        | West Palm Beach, FL 33415                    |   |  |  |
|                        |  | City/ State and Zip Cod   | e  |  |
|                        |  |   |  |  |
|                        | E-mail address; (to be us                    | sed for future annual report  | notification)  |  |
|                        |  | ,   | · · · · · · · · · · · · · · · · · · ·  |  |
| For further informati  | on concerning this matter, plea              | se call:  |  |  |
| Paul A. Krasker        |  | at (  | 473-9219   |  |
| Name                   | e of Contact Person                          | Area Co   | de & Daytime Telephone Number  |  |
| Enclosed is a check t  | for the following amount made                | navable to the Florida Den  | artment of State:  |  |
|                        | to the following amount made                 | payable to the Florida Dep  | artificity of State.   |  |
| \$35 Filing Fee        | ☐ \$43.75 Filing Fee & Certificate of Status | ☐\$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |
| <u>M</u> :             | ailing Address                               | Street  | <u>Address</u>   |  |
| Ar                     | nendment Section                             | Amendment Section   |  |  |
|                        | vision of Corporations                       |   | on of Corporations   |  |
|                        | D. Box 6327                                  |   | entre of Tallahassee   |  |
| Ta                     | llahassee, FL 32314                          |   | N. Monroe Street, Suite 810 ussee, FL 32303  |  |

## Articles of Amendment to Articles of Incorporation of

DILLEY CITRUS NURSERY INC

| Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following are its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  N/A  The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  N/A  N/A  N/A  D. If amending the registered agent and/or registered office address in Florida, enter the name of the professional address in Florida, enter the name of the professional address in Florida, enter the name of the professional address in Florida, enter the name of the professional address in Florida, enter the name of the professional address in Florida, enter the name of the professional address in Florida, enter the name of the professional address in Florida, enter the name of the professional address in Florida, enter the name of the professional address in Florida, enter the name of the professional address in Florida, enter the name of the professional address in Florida, enter the name of the professional address in Florida, enter the name of the professional address in Florida, enter the name of the professional address in Florida, enter the name of the professional address in Florida, enter the name of the professional address in Florida address in Florida, enter the name of the professional address in Florida address in Florid | The new the abbreviation "Corp" must contain the word  2022 JUN 30  AM  SSEE C. F. | rsuant to the provisions of section 607.100<br>Articles of Incorporation: |                       | •                              |   | ollowing an | nendmen |
|--|--|---|-----------------------|--------------------------------|---|-------------|---------|
| Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following at as Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  N/A  The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co", A professional corporation name must contain the "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | The new the abbreviation "Corp" must contain the word  2022 JUN 30 AM  SSEE C. F.  | Articles of Incorporation:  |                       | •                              |   | ollowing an | nendmen |
| A Articles of Incorporation:  A If amending name, enter the new name of the corporation:  NA  The ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co", A professional corporation name must contain the chartered, ""professional association, " or the abbreviation "P.A."  B. Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS  C. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  | The new the abbreviation "Corp" must contain the word  2022 JUN 30 AM  SSEE C. F.  | Articles of Incorporation:  | 06. Florida Statutes, | this <i>Florida Profit Cor</i> | rporation adopts the f                  | ollowing an | nendmen |
| The ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co", A professional corporation name must contain the chartered," "professional association," or the abbreviation "P.A."  3. Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS )  C. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/   | the abbreviation "Corp"  must contain the word  2022 JUN 30 AM  SSEE, F.           | If amending name, enter the new name                                      |                       |                                |   |             |         |
| In the must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Inc.," or Co.," or the designation "Corp." "Inc," or "Co", A professional corporation name must contain the chartered, "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS  C. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/  | the abbreviation "Corp"  must contain the word  2022 JUN 30 AM  SSEE, F.           |   | e of the corporatio   | <u>n:</u>                      |   |             |         |
| ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the chartered," "professional association," or the abbreviation "P.A."  3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS )  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | the abbreviation "Corp"  must contain the word  2022 JUN 30 AM  SSEE F.            | ′A  |                       |                                |   | Th          | e new   |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  | AR III   | nc.," or Co.," or the designation "Corp                                   | o." "Inc," or "Co     | ". A professional cor          |   | reviation " | Corp.," |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  N/A  N/A  N/A  N/A  N/A  | AR III   | Enter new principal office address if a                                   | nnlicable             | N/A                            |   |             |         |
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| (Mailing address MAY BE A POST OFFICE BOX)  SSE SE  | AH III   | C. Enter new mailing address, if applicable:                              |                       | X1/4                           |   | ل 22<br>ني  |         |
|  | AH III   |   |                       | N/A                            | ======================================= |             | i i     |
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|  |  |   |                       |                                | ند.<br>زین                              | S. A.       | [ii     |
| . If amending the registered agent and/or registered office address in Florida, enter the name of the:   |  |   |                       | <del></del>                    |   | <del></del> |         |
| new registered agent and/or the new registered office address:   | of the ==  | If amending the registered agent and/o                                    | or registered office  | <u>address in Florida, en</u>  | iter the name of the                    | =           |         |
| N/A  | 1  |   |                       | uress:                         |   |             |         |
| Name of New Registered Agent   |  | Name of New Registered Agent  |                       |                                |   |             |         |
|  |  |   |                       |                                |   | <del></del> |         |
| (Florida street address)   |  |   | ,                     | da street address)             |   |             |         |
| New Registered Office Address: N/A Florida   |  | New Registered Office Address:  | A<br>                 |                                | , Florida                               |             |         |
| (City) (Zip Code   |  |   |                       | (City)                         |   | (Zip Code   | 1       |
|  |  | N1/   | ,                     | ua sireer unaress)             |   |             |         |
| New Registered Office Address:, Florida  |  | New Registered Office Address:  | <u></u>               | (Civ)                          | , Florida_                              | iZin Cude   |         |
| (Ap) Cour  | orida  |   |                       | 1800)                          |   | (m) cont    | ,       |

 $\square$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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                   | PT           | John Doe         |                      |
|----------------------------|--------------|------------------|----------------------|
| X Remove                   | <u>V</u>     | Mike Jones       |                      |
| X Add                      | <u>sv</u>    | Sally Smith      |                      |
| Type of Action (Check One) | <u>Title</u> | Name             | Address              |
| 1) X Change                | V            | Mark T. Williams | 3164 Turkey Cut Road |
| Add                        |              |                  | Smoaks, SC 29481     |
| Remove                     |              |                  |                      |
| 2) Change                  |              | <u> </u>         | <u> </u>             |
| Add                        |              |                  |                      |
| Remove Change              |              |                  |                      |
| Add                        |              |                  | 2022<br>7ALL         |
| Remove                     |              |                  |                      |
| 4) Change                  |              |                  | SSEE.                |
| Add                        |              |                  |                      |
| Remove                     |              |                  | erilla D             |
| 5) Change                  |              |                  |                      |
| Add                        |              |                  |                      |
| Remove                     |              |                  |                      |
| 6) Change                  |              |                  | <del></del>          |
| Add                        |              |                  |                      |
| Damara                     |              |                  |                      |

| . If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |               |             |     |
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|  | FLORIDA       |             |     |
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| . If an amendment provides for an exchange, reclassification, or cancellation of issued share                              | <u>:S.</u>    |             |     |
| provisions for implementing the amendment if not contained in the amendment itself:  |               |             |     |
| (if not applicable, indicate N/A)  |               |             |     |
| N/A  |               |             |     |
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| The date of each            | N/A th amendment(s) adoption:  | , if other than the    |
|-----------------------------|--|------------------------|
| date this docume            |  | , ii vinei man me      |
| Effective date if           | if applicable:   |                        |
|                             | (no more than 90 days after amendment file datc)   |                        |
|                             | ate inserted in this block does not meet the applicable statutory filing requirements, this date will ective date on the Department of State's records.  | I not be listed as the |
| Adoption of Am              | mendment(s) ( <u>CHECK ONE</u> )   |                        |
| ☐ The amendme action was no | nent(s) was/were adopted by the incorporators, or board of directors without shareholder action and ot required.   | shareholder            |
|                             | hent(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) holders was/were sufficient for approval.  |                        |
|                             | nent(s) was/were approved by the shareholders through voting groups. The following statement arately provided for each voting group entitled to vote separately on the amendment(s):                             |                        |
| "The nu                     | umber of votes cast for the amendment(s) was/were sufficient for approval  | TILED                  |
| by                          | (voting group)   | TILED                  |
|                             | Dated  | Ë                      |
|                             | Signature  | <u> </u>               |
|                             | (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |                        |
|                             | Paul Krasker   | <del></del>            |
|                             | (Typed or printed name of person signing)  |                        |
|                             | (Title of person signing)  |                        |