## P/2.000056609

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## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: El Chinchoro Farm Corp. P 120000 56609 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: El Chinchorro Farm Corp.
Firm/Company 13573 SW 287 Terr
Address Homes Tead, FL 33033
City/ State and Zip Code Mariamore jon 4 P gma; L. Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 305 ) 773- 9142.

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 Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

**Mailing Address** 

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment

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Articles of Incorporation

of

El Chinch		21	Corp.	
(Name of Corporation as currently			tate)	
	of Corporation (if known			*****
·	•			
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	ida Statutes, this <i>Florida</i>	Profit Co	<i>rporation</i> adopts th	he following amendment(s)
A. If amending name, enter the new name of the	corporation:			
				The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or to	orp," "Inc," or "Co". A	mpany," 1 professi	or "incorporated' onal corporation n	or the abbreviation ame must contain the
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A.)				
				<del></del>
C. Enter new mailing address, if applicable:	.—.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(Mailing address <u>MAY BE A POST OFFICE )</u>	<u> </u>			
			<del> </del>	AN T
D. If amending the registered agent and/or regis		Florida, e	nter the name of t	
new registered agent and/or the new register	ed office address:			
Name of New Registered Agent				- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
<del></del>	(Florida street addr	ess)	<del> </del>	, <del>v</del>
New Registered Office Address:	(City)		, Florida(Z	ip Code)
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen		l accept th	ne obligations of the	e position.
>	<b>,</b>		<i>y</i>	•
Signature of	New Registered Agent is	Changin	<u> </u>	

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> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address .
1) Change		Maria Morejon	15780 SW 43 ST Mani, FL 33185
Add Remove			Mrani, (FL 33 181
2) Change	V	Iliana Jort	13573 SW 287 Terr
Add	<del></del>		13573 SW 287 Terr Homestead, JL
Remove			33033
Change Add			
Remove			
4) Change			
Add Remove			
5) Change	<del></del>		
Remove			
6) Change	<del></del>		
Add			
Remove			

icles, enter change(s) here: (Be specific)
nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:  (no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 3/31/15 Simple & Cleave of	
Signature X	<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)	
Iliana Gort	_
(Typed or printed name of person signing)	
President.	_
(Title of person signing)	