P1200094868

(R	Requestor's Name)	
(A	ddress)	
(A	ddress)	
(C	city/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	Business Entity Name)	
(C	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
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JUN 2 0 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: AMERICAL	N TILAPIA FARI	M CORP	
DOCUMENT NUMBE	R: P1200009486	8		
	Amendment and fee are su			
Please return all correspo	ndence concerning this ma	tter to the following:		
		IVAN ALPIZAR		
		Name of Contact Person	n	
	AMERICAN TILAPIA FARM CORP			
	Firm/ Company			
	22901 SW 217 AVE			
Address				
	MIAMI FL 33170			
		City/ State and Zip Cod	e	
	oncerning this matter, pleas		notification)	
ORLANDO C	ALPIZAR	at (305	318-2287	
Name of (Contact Person		de & Daytime Telephone Number	
Enclosed is a check for th	e following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address			Address Iment Section	
Amendment Section Division of Corporations			ment Section on of Corporations	
P.O. Box 6327			Building	
Tallahassee, FL 32314		2661 E	xecutive Center Circle	
·		Tallaha	nssee, FL 32301	

Articles of Amendment to Articles of Incorporation of

AMERICAN TILAPIA FARM CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

nt(s) to

•	P12000094868			
(Docume)	nt Number of Corporation (if ki	nown)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, this Flo	rida Profit Corporation	adopts the following ame	ndmei
A. If amending name, enter the new na	ame of the corporation:			
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co	". A professional corp	prporated" or the abbrevi	
B. Enter new principal office address, (Principal office address MUST BE A S				
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)				
D. If amending the registered agent an new registered agent and/or the new		in Florida, enter the	name of the	
Name of New Registered Agent	ORLANDO C ALP	'IZAR		
Name of New Registered Agent	22901 SW 217 AV	 √E		
	(Florida street	address)		
New Registered Office Address:	MIAMI	, Flori	_{ida} 33170	
	(City)		(Zip Code)	
New Registered Agent's Signature, if classification in the second	hanging Registered Agent; wered agent. I am familiar with gnature of New Registered Age		ions 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 <math>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	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	Р	IVAN ALPIZAR	22901 SW 217 AVE
Add			MIAMI FL 33170
Remove			
2) Change	Р	ORLANDO C ALPIZAR	22901 SW 217 AVE
Add			MIAMI FL 33170
Remove			
3) Change		_	
Add			
Remove			
4) Change			<u></u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
	
	
If an amendment provides for an exch	change, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) adoption: $05/2$	9/2014	if other than the
date this document was signed.		
Effective date if applicable: 05/29/2014		
	no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHEC	CK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for app.	reholders. The number of votes cast for the amendment(s) roval.	
	nareholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):	
"The number of votes cast for the amenda	nent(s) was/were sufficient for approval	
by	<u>~</u>	
(voting	group)	
The amendment(s) was/were adopted by the boa action was not required.	ard of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the incaction was not required.	orporators without shareholder action and shareholder	
Dated 05/29/2014		
Signature / 1///	1/4-	
(By a director, preside	nt or other officer - if directors or officers have not been	
selected, by/an/incorpo appointed fiduciary by	orator – if in the hands of a receiver, trustee, or other court	
appointed Hadelary Cy	Tall Tabbiasy,	
	IVAN ALPIZAR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	