P1300000836

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SECRETARY OF STATE

C. LEWIS

APR 2 3 2014

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations
NAME OF CORPORATION: DIRECT FARM PRODUCTS INC DOCUMENT NUMBER: P13000000836
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ANDRES ROBLES
DIRECT FARM PRODUCTS INC
POBOX 692375
ORLANDO FL 32869
City/ State and Zip Code
ANDROB@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANDRES ROBLES4074462225
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:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) S52.50 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
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

APPROVEL AND FILED

Articles of Amendment ot Articles of Incorporation of

14 APR 16 AH 11:21

SECRETARY OF STATE

DIRECT FARM PRODUC	TS INC		ALLAna	
(Name of Corporation as currently	y filed with the Flor	ida Dept. of State)		
P13000000836			<u></u>	
·	of Corporation (if kr			
Pursuant to the provisions of section 607.1006, Florts Articles of Incorporation:	rida Statutes, this <i>Flo</i>	rida Profit Corpora	ation adopts the fo	ollowing amendment(s) to
A. <u>If amending name, enter the new name of the</u> DIRECT FARM PRODUC				71
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Coword" chartered," "professional association," or t	vord "corporation," orp," "Inc," or "Co	". A professional c		
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)			
D. If amending the registered agent and/or regi	stand office address	in Florida, anter t	he name of the	
new registered agent and/or the new register		s ju rioriua, enter t	ne name or the	
Name of New Registered Agent				
	(Florida street	address)		
New Registered Office Address:	(City)	, 1	Florida <u>(Zip C</u>	inde)

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)

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add Remove			
2) Change			
Add			
3) Change			
Add Remove			
4) Change		<u> </u>	
Add Remove			
5) Change			
Add			
Remove 6) Change			
Change Add			
Pamova			

	(Be specific)
	-
•	•
	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and it for the amendment itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, indment if not contained in the amendment itself:
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14 APR 16 AM 11:21 The date of each amendment(s) adoption: _, if other than the SECRETARY OF S ALL date this document was signed. 04/01/2014 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 (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 04/10/2014 Signatur (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) ANDRES ROBLES (Typed or printed name of person signing) PRESIDENT (Title of person signing)