

P13 0000 92167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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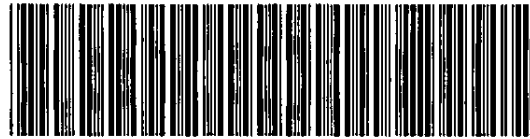
(Business Entity Name)

(Document Number)

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14 AUG 27 PM 5:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CM.
9-3-14

Cover Letter

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TALLAHASSEE FLORIDA

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Delicious Citrus Inc.
Document #: P13000092167

The Enclosed Articles of Amendment + fee
are submitted for filing.

Please return All correspondence to:

Collis Faniel
Delicious Citrus, Inc
3207 Ave D.
Ft. Pierce, FL 34946

E-Mail: Fanie12604@aol.com

Contact Person: Collis Faniel
772-370-0024

Enclosed is A Check for:
☒ \$35.00 Filing Fee

Mailing Address: Amendment Section
Div. of Corp.
P.O. Box 6327

Articles of Amendment
to
Articles of Incorporation
of

Delicious Citrus, Inc.

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

P13000092167

(Document Number of Corporation (if known))

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STATE
SECRETARY
TALLAHASSEE
FLORIDA

Pursuant to the provisions of section 617.1006, Florida Statutes, this ~~Florida~~ *For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

N/A

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|-----------|------------------------|--|
| 1) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>V</u> | <u>SABRINA Faniel</u> | <u>6007 Winfield Dr.</u>
<u>Port St. Lucie, FL</u>
<u>34986</u> |
| 2) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>TS</u> | <u>Jennifer Faniel</u> | <u>6007 Winfield Dr.</u>
<u>Port. St. Lucie, FL</u>
<u>34986</u> |
| 3) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | | | |

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E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

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TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: August 25, 2014, if other than the date this document was signed.

Effective date if applicable: N/A
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated August 25, 2014

Signature [Signature]
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Collis Fanie
(Typed or printed name of person signing)
President
(Title of person signing)

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TALLAHASSEE, FLORIDA