

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190001098673)))



H190001098673ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LEBRON ACCOUNTING SERVICES INC

Account Number : I20110000076 Phone : (813)877-8918 Fax Number : (813)514-2806

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

S TALLENT

APR 0 4 2019

Email Address: LEBRONACCOUNTING@YAHOO.COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN SUNRIPE GROWERS CORP

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 07 |
| Estimated Charge | \$35.00 |

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help

`3-Apr-2019 13:31 Fax 18135142806 p.4

H19000109867 3



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form for filing *Articles of Amendment* to amend the articles of incorporation of a *Florida Profit Corporation* pursuant to section 607.1006, Florida Statutes. This is a basic amendment form and may not satisfy all statutory requirements for amending.

A corporation can amend or add as many articles as necessary in one amendment.

- > The original incorporators cannot be amended.
- If amending the name of the corporation, the new name must be distinguishable on the records of the Florida Department of State. A preliminary search for name availability can be made through the Division's website at www.sunbiz.org. You are responsible for any name infringement that may result from your corporate name selection.
- If amending the registered agent, the new agent must sign accepting the appointment and state that he/she is familiar with the obligations of the position.
- If amending/adding officers/directors, list titles and addresses for each officer/director.
- If amending from a general corporation to a professional corporation, the purpose (specific nature of business) must be amended or added if not contained in the articles of incorporation.

If a section is not being amended, enter N/A or Not Applicable. The document must be typed or printed and must be legible.

Pursuant to section 607.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90th day after the date on which the document is filed.

Filing Fee \$35.00 (Includes a letter of acknowledgment)

Certified Copy (optional) \$8.75

Certificate of Status (optional) \$8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

ananassee, rt. 52514 2001 Executive Center Circl

Tallahassee, FL 32301

For further information you may call the Amendment Section at (850) 245-6050

CR2E011 (04/15)

H190001098673

COVER LETTER

| TO: Amendment Section Division of Corporations | | | | | |
|--|---|--|--|--|--|
| NAME OF CORPORATION: SUNRIPE GROWERS CORP | | | | | |
| DOCUMENT NUMBER: P15000011361 | | | | | |
| The enclosed Articles of Amendment and fee | are submitted for filing. | | | | |
| Please return all correspondence concerning this | is matter to the following: | | | | |
| MILKA HASKINS | | | | | |
| | Name of Contact Person | | | | |
| HASKINS & HERRER | Α | | | | |
| | Firm/ Company | | | | |
| 5116 N ARMENIA AV | E | | | | |
| | Address | | | | |
| TAMPA, FL 33603 | | | | | |
| | City/ State and Zip Code | | | | |
| LEBRONACCOUNTING@Y | AHOO.COM | | | | |
| | be used for future annual report notification) | | | | |
| · | , | | | | |
| For further information concerning this matter. | please call: | | | | |
| MILKA HASKINS | at (<u>813</u>) <u>877-8918</u> | | | | |
| Name of Contact Person | Area Code & Daytime Telephone Number | | | | |
| Enclosed is a check for the following amount n | nade payable to the Florida Department of State: | | | | |
| \$35 Filing Fee | | | | | |
| 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 Tallahasser, FL 32301 | | | | |

H190001098673

Articles of Amendment to Articles of Incorporation of

| SUNKINE GROWERS CORP | | | <u>,</u> . |
|---|---|---|---|
| (Name (| of Corporation as curren | tly filed with the Florida Dept. of S | tate) |
| P15000011361 | | | |
| | (Document Number | of Corporation (if known) | |
| Pursuant to the provisions of section 607. its Articles of Incorporation: | 1006, Florida Statutes, thi | s Florida Profit Corporation adopts | the following amendment(s) to |
| A. If amending name, enter the new na | me of the corporation: | | |
| N/A | | | The new |
| name must be distinguishable and cond "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | ation "Corp," "Inc," or | "Co". A professional corporation. | " or the abbreviation |
| B. Enter new principal office address, | if applicable: | N/A | |
| | (Principal office address MUST BE A STREET ADDRESS) | | |
| | | | · 4 *********************************** |
| | | | : 20 TY |
| C. Enter new mailing address, if appli | | N/A | A 1 😂 🛗 |
| (Mailing address MAY BE A POST of | <u>OFFICE BQX</u>) | • | |
| | | | <u> </u> |
| | | | , , . _ |
| | | | |
| If amending the registered agent an new registered agent and/or the nev | | | <u>the</u> |
| | N/A | ,,,,, | |
| Name of New Registered Agent | | | |
| | N/A | | · |
| | (Florida s | reet address) | |
| New Registered Office Address: | | . Flor | |
| | | (City) | (Zip Code) |
| | | | |
| New Registered Agent's Signature, if cl | hanoine Revistered Aven | : | |
| I hereby accept the appointment as regist | | | se position, |
| | | | |
| | | | |
| | Signature of New | Registered Agent, if changing | |

H19000109867 3

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 | PT | John Doe | |
|-------------------------------|------------|----------------------|----------------------|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>\$V</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| I) Change | S | BLANCA HIGAREDA-CEJA | 5701 STAFFORD RD |
| X Add | | | PLANT CITY, FL 33565 |
| Remove | | | |
| 2)Change | N/A | | |
| Add | | | |
| Remove | | | |
| 3)Change | N/A | | |
| Add | | | |
| Remove | | | |
| 4) Change | N/A | | |
| Add | | | |
| Remove | | | |
| 5) Change | N/A | | |
| Add | | | |
| Remove | | | |
| 6) Change | N/A | | |
| Add | | | |
| Remove | | | |

| IN THE RESIDENCE OF THE PARTY O | H19000109867 3 |
|--|----------------|
| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) | |
| N/A | |
| | |
| | |
| • | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| . If an amendment provides for an exchange, reclassification, or cancellation | |
| provisions for implementing the amendment if not contained in the amend (if not applicable, indicate N/A) | Iment itself: |
| N/A | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| Н | 1 | Q | Λí | በበ | 11 | no | R | 67 | 3 |
|---|---|----|----|----|-----|-----|---|----|-----|
| | | .7 | w | | , , | VJ. | " | | . 1 |

| | 4/2/2019 | |
|--|---|------------------------------------|
| The date of each amendment(| s) adoption: | , if other than the |
| late this document was signed. | | |
| Effective date if applicable: | 4/2/2019 | |
| sneedve date <u>it applicable</u> . | (no more than 90 days after amendment file date) | |
| | his block does not meet the applicable statutory filing requirements, a Department of State's records. | his date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were by the shareholders was/we | e adopted by the shareholders. The number of votes cast for the amend re sufficient for approval. | ment(s) |
| | e approved by the shareholders through voting groups. The following s d 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 action was not required. | e adopted by the board of directors without shareholder action and shareholder | c holder |
| The amendment(s) was/wer action was not required. | e adopted by the incorporators without shareholder action and sharehol | der |
| 4/2/20 | 19 | |
| Dated | | |
| | Do sal last auso | DD |
| Signature | Vanier willerez | <u> </u> |
| | y a diffector, president or other officer — if directors or officers have no lected, by an incorporator — if in the hands of a receiver, trustee, or oth | |
| | pointed fiduciary by that fiduciary) | Ji Court |
| _ | DANIEL GUTIERREZ-DUENES | |
| | | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |