Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H15000209848 3)))



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COYER LETTER

TO:	Amendment Section
	Division of Corporations

NAME OF CORPOR	ATION: FLORIDA SUGAR	RCANE FARMERS INC.	
DOCUMENT NUMB	ER: P15000017535		
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
Ī	ROBERT S. WILLIAMS		
-		Name of Contact Persor	1
•	VIERA WILLIAMS PA		·
_		Firm/ Company	
:	645 EAST TENNESSEE ST	• •	
-		Addresa	
-	rallahassee, florida	32308	
-		City/ State and Zip Code	
RWIL	LIAMS@VIERAWILLIAM	S.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, please	se call:	
ROBERT S. WILLIAM	<i>i</i> s	at (<u>850</u>	222-0013
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the 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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

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Articles of Amendment to Articles of Incorporation of 2015 AUG 31 AM 9: 39

CECHELARY DE STATE

FLORIDA SUGARCANE FARMERS, INC				
(Name of Corporation as curren	tly filed with the Florida Dept. of State)			
P15000017535				
(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to			
A. If amending name, enter the new name of the corporation;				
	The new			
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the			
B. Enter new principal office address, if applicable;	111 PONCE DE LEON AVENUE			
(Principal office address MUST BE A STREET ADDRESS)	CLEWISTON, FLORIDA 33440			

C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	111 PONCE DE LEON AVENUE			
(Marie Control of the	CLEWISTON, FLORIDA 33440			
,				
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	dress in Florida, enter the name of the			
	-			
Name of New Registered Agent				
(Florida	street address)			
New Registered Office Address:	, Florida			
	(City) (Zip Code)			
New Registered Agent's Signature, if changing Registered Age	nt:			
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.			

Signature of New Registered Agent, if changing

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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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
_X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change .	·	_	N/A	
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add			•	
Remove			·	
4) Change	•	_	•	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		·		
A dd				
Remove		•	H150002008483	

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H150002098483 , if other than the The date of each amendment(s) adoption: _ date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. AUGUST 31, 2015 Signature (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) ROBERT S. WILLIAMS (Typed or printed name of person signing)

(Title of person signing)

ATTORNEY IN FACT