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(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	CAPE CORAL MEAT & PRODUCE CORP.
DOCUMENT NUMBER:	P15000042437
The enclosed Articles of Amendme	ent and fee are submitted for filing.
Please return all correspondence co	ncerning this matter to the following:
YAJDIEL (COLLADO
	Name of Contact Person
CAPE CO	RAL MEAT & PRODUCE CORP.
	Firm/ Company
110 NE 2	ND PLACE, UNIT 201
	Address
CAPE COF	RAL, FL 33909
	City/ State and Zip Code
DOCUME	NTS@IBSTAX.COM
E-mail :	address: (to be used for future annual report notification)
For further information concerning	this matter, please call:
YAJDIEL COLLADO	at (239) 800-5249
Name of Contact Pe	
Enclosed is a check for the followin	ig amount made payable to the Florida Department of State:
	5 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee cicate of Status (Additional copy is enclosed) S43.75 Filing Fee & Certificate of Status (Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on Amendment Section orations Division of Corporations Clifton Building

Articles of Amendment

to

Articles of Incorporation

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CAPE CORAL MEAT & PRODUCE CORP.

(Name of Corporation as cu	rrently filed with the Florida Dept. of State)
P15000042	437
(Document Nur	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amer
A. If amending name, enter the new name of the corporation N/A	on:
name must be distinguishable and contain the word "corpe" ("Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," word "chartered," "professional association," or the abbrevia	oration," "company," or "incorporated" or the abbrevio or "Co". A professional corporation name must contain
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
	70 7119
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	address in Florida, enter the name of the
Name of New Registered Agent N/A	MICSS:
(Flor	ida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A l hereby accept the appointment as registered agent. I am fam	sgent: iliar with and accept the obligations of the position.
N/A	
Signature of N	New Registered Agent, if changing

	Presiden	t; T= Treasurer; S=	Secretary; D= Director; TR= Ti		
Executive Officer; CFO : held, President, Treasure			If an officer/director holds more t	han one title, list the first lette	$x o_j$
			urrently John Doe is listed as the l	PST and Mike Jones is listed as	e the
a change, Mike Jones lea	ves the c	orporation, Sally St	nith is named the V and S. These s	should be noted as John Doe 1	PT a
Mike Jones, V as Remove					
Example: X Change	<u>PT</u>	<u>John Doc</u>			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith	N/A		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address	
1) Change		-			
Add					
Remove					
2) Change					
Add					
Remove					
3) Change		-			
Add					
Remove					
4) Change					<u> </u>
Add					
Remove					<u> </u>
5) Change					
Add					-
Remove					-
6) Change					
Add					<u> </u>
Remove					_
			Page 7 of A		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title

address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

	s, if necessary). (Be specific)	
N/A		
		-
		<u></u>
F. If an amendment provi provisions for implem (if not applicable, a RECLASSIFICATION		
YAJDIEL COLLADO:	PRES - 80 SHARES	
PEDRO COLLADO:	SEC - 10 SHARES	
DORIS FERREIRA:	TREASURER - 10 SHARES	_
		-
		1

The date of each amendment(s) adoption:	10/01/2019	if of
date this document was signed.		
Effective date if applicable:	10/01/2019	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departmen	es not meet the applicable statutory filing requirements, this date will a t of State's records.	not be
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient to	the shareholders. The number of votes east for the amendment(s) for approval.	
	y the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):	
"The number of votes east for the a	mendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
Dated 9/22/19	<u> </u>	
Signature Moudh	il Cult water	
(By a director, p	oresident or other officer - if directors or officers have not been	-
	incorporator – if in the hands of a receiver, trustee, or other court iary by that fiduciary)	
YA	JDIEL COLLADO	
	(Typed or printed name of person signing)	<u> </u>
PR	ESIDENT	
	(Title of person signing)	_