## P15000084306

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SECRETARY OF STATE DIVISION OF CORPORATION

APR 27 2016

C LEWIS

## **COVER LETTER**

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: Corleone Farms Inc				
DOCUMENT NUMBER: <u>P15000084306</u>				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Sergio Hernandra  Name of Contact Person  Corleane Farms Inc.  Firm/ Company  114 New Market Rd F.  Address				
114 Now Market Rd F				
Address  Immo Kalec, FL, 34142  City/ State and Zip Code  Cocleone F. (ms @amail.com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Sesaio Hernandez at (239) 888-2784  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:				
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle				

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Corleane Farme	stion as currently	filed with the Florida Dept.	of State APR 18	AM 9: 00
P15 00 00			· or state)	٠.
(Do	cument Number of	Corporation (if known)	· · · ·	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	rida Statutes, this I	Florida Profit Corporation ad	lopts the following ame	endment(s) to
A. If amending name, enter the new name of the	e corporation:			
Fat Boi Farw name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	word "corporation orp," "Inc," or "(	Co". A professional corpora		viation
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		114 New Marke Immokalre, FL	et Rd E.	<u>.                                    </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i> )	P.O. Box 52- Imma Kalee, Fl	_	<del>-</del>
D. If amending the registered agent and/or registered agent and/or the new register			ne of the	
Name of New Registered Agent	N/A		<del></del>	
	(Florida stre	ret address)		
New Registered Office Address:			, Florida(Zip Code)	<del></del> .
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agent	Registered Agent: tt. I am familiar w	ith and accept the obligations	s of the position.	
	ionature of New P	egistered 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> <u>Joh</u>	n Doe		
X Remove	<u>V</u> <u>Mil</u>	ke Jones	/ h	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	N/A	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	, ,	<u>Addres</u> s
1) Change	- <del></del>			
Add				
Remove				
2) Change	<del></del>		<u> </u>	
Add				
Remove				
3) Change	<del></del>			
Add			,	
Remove				
4) Change				
Add	_ <del></del>			
Remove				
5) Change				
Add				
Remove				
6) Change		<u> </u>	·	·
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)		
	M/A		
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		. <u>-</u>	, <u> </u>
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<b>\</b>		,	
an amendment provides for an exch	ange, reclassification	, or cancellation of issued sh	ares,
provisions for implementing the ame	ndment if not contain	ed in the amendment itself:	
(if not applicable, indicate N/A)			
N/A	<u>r</u>		
·		•	
	· · · <del>- · · · · ·</del> · ·	*	
·			
<del>-</del>			

The date of each amendment(s) adoption: April 15, 2016 date this document was signed.	_, if other than the
Effective date if applicable:  April 15, 2010  (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 document's effective date on the Department of State's records.	not be listed as the
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	
by"  (voting group)	SECTION SECTIO
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	FILED FILED SION OF CORE
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	ORPORATIONS ORPORATIONS
Dated April 11, 2016	
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)	_
Sergio Hernandez.  (Typed or printed name of person signing)	·
Pro <ident (title="" of="" person="" signing)<="" td=""><td></td></ident>	
(Title of person signing)	