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To: Division of Corporations : (850)617-6380 Fax Number From: Account Name : CLARA GIRALDO, P.A. Account Number : I19990000017 Phone : (305)485-9300 Fax Number : (305)485-1098 AH 11: **Enter the email address for this business entity to be used ∀or future annual report mailings. Enter only one email address please.** ළ Email Address:__

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ORGANICCA, INC.

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December 7, 2018

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FLORIDA DEPARTMENT OF STATE

ORGANICCA, INC. 5562 SW 2ND ST. PLANTATION, FL 33317

SUBJECT: ORGANICCA, INC. REF: P15000102341

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

There's a (PERIOD) after (INC) and type/print clearly.

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Irene Albritton Regulatory Specialist II FAX Aud. #: E18000347508 Letter Number: 218A00025172

P.O BOX 6327 - Tallahassec, Florida 32314

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PAGE 03

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Articles of A to Articles of In	
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OPENALCO) TNC.
	tly filed with the Florida Dept. of State)
Pisonio)2341
(Document Number of	of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	s Florida Profit Corporation adopts the following emendment(s) to
If amending name, enter the new name of the corporation:	
	The new
ame must be distinguishable and contain the word "corporation Corp." "Inc" or Co" or the designation "Corp." "Inc." or ord "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation same must contain the
. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>)	5096 NW 113TH PL
	00201 FL. 23178
. Enter new mailing address, If applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	5096 NW 113TH PI
	UNIN 76. 23170
	<u>LOXUL + C. 33178</u>
. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	<u>iress in Florida, enter the name of the</u>
<u>new registered agent and/or the new registered office address</u> <u>Name of New Registered Agent</u>	<u>λ 20€</u>
<u>new registered agent and/or the new registered office address</u> <u>Name of New Registered Agent</u>	dress in Florida, enter the name of the $\frac{100001 + 10000}{100000}$ $\frac{1000000}{100000}$ 1000000000000000000000000000000000000

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

- ----2018 DEC -7 AH11: 80 ð irr Segnature of New Registered Agent, If changing TI IL ED .

Page 1 of 4

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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)

Example:

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 afficer/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.

<u>X</u> Change	<u>114</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	Villaldoo, maecela	5562 5W 2Nd or
Add			Partonist FL 33317
<u> </u>			
2) Change	<u> </u>	TORRES, JOH P	5562 5.J 2rd OT
Add			Pantarion FL 33317
<u>+</u> Remove	\odot		
3) Change	P	TRX50 ADRAN	5096 NW 113T*PL
_XAdd			201211 FL 33178
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			~~~~~
Remove			
		Page 2 of 4	CLARA GIRALDO E.A. 4080 SW 84 AVENUE SUITE (MIAMI, FL 33155 PH.: (305) 485-9300

2/06/2018	22:50	3054851098	3	CLARA GIRALD	0 P.A		PAGE	05
E. <u>If amendin</u> (Attach <i>odd</i>)	g <u>or adding</u> itional sheets	<u>ndditional Artic</u> t, lf necestary).	: les, enter change(s) ber (Be specific)	<u>c</u> :	4080 ST MIAMI,	GIRALDO E.A 784 AVENUE FL 33155 5)485-9300	SUIT	
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provisions	s for implem	ides for an excha enting the amen indicate N/A)	inge, reclassification, or dment if not contained i	cancellation of issu in the amendment it	ed shares, iself:			
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The date of each amendment(s) adoption:, if other this document was signed.	han th
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 document's effective date on the Department of State's records.	as th
Adoption of Amendment(s) (CILECK 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)	
(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.	
Dated 12/06/2018	
Signature A	
(By a director) president or other officer – if directors or officers have not been selected, by an interporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
PRODICENT	
(Title of person signing)	

CLARA GIRALDO E.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300

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