## P1000010757

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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08/07/17--01019--023 \*\*35.00



Amend

AUG 11 2017 I ALBRITTON

## COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO                          | RATION: GRUPO FERRER                        | TRADING CORP  |  |  |
|--|---|---|--|--|
| DOCUMENT NUM                           | D16000016757                                |   |  |  |
| The enclosed Articles                  | of Amendment and fee are su                 | bmitted for filing.   |  |  |
| Please return all corre                | spondence concerning this ma                | tter to the following.  |  |  |
|  | MARIET OSTOS                                |   |  |  |
|  |   | Name of Contact Pers  | on   |  |
|  | SUCCESS BUSINESS SOL                        | UTION   |  |  |
|  |   | Firm/ Company   |  |  |
|  | 2751 S CHICKASAW TRA                        | IL. STE # 106   |  |  |
|  |   | Address   |  |  |
|  | ORLANDO, FL 32829                           |   |  |  |
|  |   | City/ State and Zip Co  | de   |  |
| PAY                                    | ROLL@MARIETOSTOS.CC                         | ЭM  |  |  |
|  | E-mail address; (to be us                   | sed for future annual repo  | rt notification)   |  |
| For further information                | n concerning this matter, pleas             | se call:  |  |  |
|  | -   |   |  |  |
| MARIET OSTOS                           |   | 407<br>at (   | 745-4684<br>Tode & Daytime Telephone Number  |  |
| Name                                   | of Contact Person                           | Area C  | ode & Daytime Telephone Number   |  |
| Enclosed is a check fo                 | or the following amount made                | payable to the Florida De   | partment of State:   |  |
| ☑ \$35 Filling Fee                     | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | ☐\$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |  |
| Mailing Address                        |   | Stree   | t Address  |  |
| Amendment Section                      |   | Amendment Section   |  |  |
| Division of Corporations               |   | Division of Corporations  |  |  |
| P.O. Box 6327<br>Tallahassee, FL 32314 |   |   | on Building  Expositive Contor Circle  |  |
|  |   | 2661 Executive Center Circle  |  |  |

Tallahassee, FL 32301

## **Articles of Amendment** 10 Articles of Incorporation of

## GRUPO FERRER TRADING CORP

| (Name of Corporation as curren  | tly filed with the Florida Dept. of State)                        |  |  |  |
|---|---|--|--|--|
| P16000016757  |   |  |  |  |
| (Document Number  | of Corporation (if known)   |  |  |  |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this 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 "corporati<br>"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or<br>word "chartered," "professional association," or the abbreviation | "Co". A professional corporation name must contain the            |  |  |  |
| B. Enter new principal office address, if applicable:   | 6900 TAVISTOCK LAKES BLVD \$TE # 400                              |  |  |  |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )   | ORLANDO FL 32827  |  |  |  |
|   |   |  |  |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | 6900 TAVISTOCK LAKES BLVD STE # 400                               |  |  |  |
|   | ORLANDO FL 32827  |  |  |  |
|   |   |  |  |  |
| D. If amending the registered agent and/or registered office add  |   |  |  |  |
| new registered agent and/or the new registered office address   | <u></u>   |  |  |  |
| Name of New Registered Agent  |   |  |  |  |
|   |   |  |  |  |
| (Florida s  | treet address)  |  |  |  |
| New Registered Office Address:  | , Florida   |  |  |  |
|   | (Zip Code)  |  |  |  |
|   |   |  |  |  |
| New Registered Agent's Signature, if changing Registered Agen   |   |  |  |  |
| I hereby accept the appointment as registered agent. I am familian  |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
| Signature of Von  | Registered 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:<br>X Change       | <u>PT</u>            | John Doe       |                           |
|----------------------------|----------------------|----------------|---------------------------|
| X Remove                   | $\overline{\lambda}$ | Mike Jones     |                           |
| X Add                      | <u>sv</u>            | Sally Smith    |                           |
| Type of Action (Check One) | Title                | <u>Name</u>    | <u>Addres</u> s           |
| 1) Change                  | V                    | ROBERT HOFFMAN | 6900 TAVISTOCK LAKES BLVD |
| X Add                      |                      |                | STE # 400)                |
| Remove                     |                      |                | ORLANDO FL 32827          |
| 2) Change                  |                      |                |                           |
| Add                        |                      |                |                           |
| Remove                     |                      |                |                           |
| 3.1 Change                 |                      |                | <del></del>               |
| Add                        |                      |                |                           |
| Remove                     |                      |                |                           |
| 4) Change                  | -                    |                |                           |
| Add                        |                      |                | <u> </u>                  |
| Remove                     |                      |                |                           |
| 51 Change                  |                      |                |                           |
| Add                        |                      |                |                           |
| Remove                     |                      |                |                           |
| 6) Change                  |                      | _              |                           |
| Add                        | <u> </u>             |                |                           |
| Remove                     |                      |                |                           |

| f amending or adding additional Arti<br>Attach <i>additional sheets, if necessary)</i> |  |                                |                 |              |
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| f an amendment provides for an excl  | ange, reclassification                 | , or cancellation o            | fissued shares, |              |
| provisions for implementing the ame<br>(if not applicable, indicate N/A)               | <u>ndment if not contair</u>           | <u>ed</u> in the <u>amendm</u> | ent itself:     |              |
|  |  |                                |                 | •            |
|  | ······································ |                                |                 |              |
|  |  |                                |                 | <u></u>      |
| 4  |  |                                |                 |              |
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|  |  |                                |                 |              |
|  |  |                                |                 |              |

| The date of each amendment(s) adoption:   | , if other than the      |
|---|--------------------------|
| date this document was signed.  |                          |
| Effective date if applicable: 8/01/2017   |                          |
| Effective date if applicable: 8101/2017  (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 w document's effective date on the Department of State's records.  | ill not be listed as the |
| Adoption of Amendment(s) ( <u>CHECK ONE</u> )   |                          |
| The amendment(s) was/were adopted by the shareholders. The number of votes east 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 east 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.  |                          |
| Signature  (By a director, president or other officer – if directors or officers have not been selected, by an inegrporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |                          |
| ANTONIO FERRER  |                          |
| (Typed or printed name of person signing)   |                          |
| PRESIDENT   |                          |

(Title of person signing)