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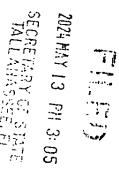
| (R                      | equestor's Name)       |        |
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| PICK-UP                 | ☐ WAIT                 | MAIL   |
|                         |                        |        |
|                         | usiness Entity Name)   |        |
| (5)                     | usiness Entity Name,   |        |
|                         |                        |        |
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| Certified Copies        | Certificates of        | Status |
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| <u> </u>                |                        |        |
| Special Instructions to | Filing Officer:        |        |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO           | RATION: A SOTO SOUTHI   | ERN AG INC   |   |                     |
|-------------------------|---|--|---|---------------------|
| DOCUMENT NUM            | D14000011010  |  |   |                     |
| The enclosed Articles   | of Amendment and fee are su   | bmitted for filing.  |   |                     |
| Please return all corre | spondence concerning this ma  | itter to the following:  |   |                     |
|                         | ADRIAN SOTO   |  |   |                     |
|                         |   | Name of Contact Perso  |   |                     |
|                         | A SOTO SOUTHERN AG I  | NC   | بسو   | )                   |
|                         |   | Firm/ Company  |   | <br>                |
|                         | 2810 STATE ST   | Time Company   | TALL.   | 201 HAY 13 PH 3: 05 |
|                         |   | Address  |   | -CJ                 |
|                         | IMMOKALEE, FL 34142   |  | # 12<br>1862  | P                   |
|                         |   | City/ State and Zip Cod  | e 5126  | جي ۽                |
|                         | ASOTOINC@YAHOO.COM  | М  | -11   | 200                 |
|                         | E-mail address: (to be us   | sed for future annual report                                     | notification)   |                     |
| For further information | on concerning this matter, plea   | se call: 239   | 8256731   |                     |
| Name                    | of Contact Person   |  | de & Daytime Telephone Number   |                     |
| Enclosed is a check fo  | or the following amount made  | payable to the Florida Dep                                       | artment of State:   |                     |
| □ \$35 Filing Fee       | ■\$43.75 Filing Fee & Certificate of Status   | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)      |                     |
| Am<br>Div<br>P.O        | iling Address<br>endment Section<br>ision of Corporations<br>. Box 6327<br>lahassee, FL 32314 | Ameno<br>Divisio<br>The C  | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 |                     |

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as curr  | ently filed with the Florida L  | Dept. of State)                        |
|---|---------------------------------|--|
| P16000042828  |                                 |  |
| (Document Numb  | per of Corporation (if known)   |  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:  | this Florida Profit Corporation | n adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation  | <u>ı:</u>                       |  |
|   |                                 | The new                                |
| name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co" "chartered," "professional association," or the abbreviation "P | ". A professional corporation   |  |
| B. Enter new principal office address, if applicable:   |                                 | 10.                                    |
| (Principal office address MUST BE A STREET ADDRESS)   | <del></del>                     | 10 = 10                                |
|   |                                 | 11                                     |
|   |                                 | <u> </u>                               |
| C. Enter new mailing address, if applicable:  |                                 | 300                                    |
| (Mailing address MAY BE A POST OFFICE BOX)  |                                 | 171-17                                 |
|   |                                 | 777                                    |
|   | <u> </u>                        |  |
|   | _                               |  |
| D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add  |                                 | name of the                            |
| Name of New Registered Agent  |                                 |  |
| Name of New Negwierea Agem  |                                 |  |
|   | la street address)              |  |
| 17 1177 12  | a sireci auarem)                |  |
| New Registered Office Address:  | (City)                          | , Florida<br>(Zip Code)                |
|   | (City)                          | (Elp Cine)                             |
|   |                                 |  |
| New Registered Agent's Signature, if changing Registered Ag   | zent:                           |  |
| I hereby accept the appointment as registered agent. I am famili  | iar with and accept the obligat | ions of the position.                  |
|   |                                 |  |
|   |                                 |  |
| Signature of Ne   | w Registered Agent, if changing | <u></u>                                |
| Ç ,   |                                 | w.                                     |
| Check if applicable   | 11) ( .)                        |  |
| ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (   | 11) (0), r.5.                   |  |

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 Doe        |                   |
|-------------------------------|--------------------------|-----------------|-------------------|
| X Remove                      | $\underline{\mathbf{V}}$ | Mike Jones      |                   |
| X Add                         | <u>sv</u>                | Sally Smith     |                   |
| Type of Action<br>(Check One) | <u>Title</u>             | <u>Name</u>     | <u>Addres</u> s   |
| 1) Change                     | VP                       | VICTORIA N SOTO | 2810 STATE ST     |
| X Add                         |                          |                 | IMMOKALEE, FL3414 |
| Remove                        |                          |                 |                   |
| 2) Change                     |                          |                 |                   |
| Add                           |                          |                 | - THE SHOP        |
| Remove 3) Change              |                          |                 |                   |
| Add                           |                          |                 | ·                 |
| Remove                        |                          |                 | ·                 |
| 4) Change                     |                          | _               | <del></del>       |
| Add                           |                          |                 |                   |
| Remove                        |                          |                 |                   |
| 5) Change                     |                          | _               |                   |
| Add                           |                          |                 |                   |
| Remove                        |                          |                 |                   |
| 6) Change                     |                          |                 |                   |
| Add                           |                          |                 |                   |
| Remove                        |                          |                 |                   |

|                                     | (Be specific)  |                 |
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| provisions for implementing the ame | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:   |                 |
| (if not applicable, indicate N/A)   |  |                 |
|                                     |  |                 |
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MAY 2, 2024 , 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 incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ 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) MAY 2 2024 Dated\_ Signature (By a girector, 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 count appointed fiduciary by that fiduciary) ADRIAN SOTO (Typed or printed name of person signing) PRESIDENT (Title of person signing)