## P16 000062510

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Michel

JAN 22 2021 I ALBRITTON

## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: NEW HORIZONS FRUIT FARM INC DOCUMENT NUMBER: P16000062510 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RAYMOND CHU ZHU Name of Contact Person NEW HORIZONS FRUIT FARM INC Firm/ Company 8801 NW 178TH ST Address HIALEAH FL 33018 City/ State and Zip Code ADA@BRAVOACCOUNTING.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RAYMOND CHU ZHU Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & S35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

NEW	HORIZONS	FRUIT	FA	RM	INC

(Name of Corporation as curren	ntly filed with the Florida Dept. of Stat	<u>te</u> )
P16000062510		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new name of the corporation:		
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.	A professional corporation name mu	The new bbreviation "Corp.," st contain the word
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u></u>
		`; `
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		£
		P .
D. If amending the registered agent and/or registered office ac	idrace in Florida, anter the name of th	
new registered agent and/or the new registered office addre		<u> </u>
Numa of Nam Banistana d Avant		
Name of New Registered Agent	<del></del>	
(Florida	street address)	
New Registered Office Address:	(City) Florida	(Zip Code)
	(6.9)	(isip cone)
New Registered Agent's Signature, if changing Registered Age	nt:	
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the	position.
Signature of New	Registered Agent, if changing	
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1)	1) (c) FS	
The amendment(a) is are being fried pursuant to 8, 007,0120 (1	1) (0), 1.0.	

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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>v</u>	BILLY HUANG	34 LEE ROAD
X Add			LIVINGSTON NJ 07039-4132
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change		<del></del>	
Add			
Remove			
5) Change			
Add			·
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artical (Attach additional sheets, if necessary).	(Be specific)	
<del></del>		
	<del></del>	
	<del></del>	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
<del>-</del> ·		
<del></del>		
·		

;	11/30/2020	
The date of each amendment(s) add date this document was signed.	ption:	, if other than the
Effective date if applicable:		
Enterne date <u>in apprendict</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date artment of State's records.	will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adoptaction was not required.	ted by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statemen ach voting group entitled to vote separately on the amendment(s):	t
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	··	
	(voting group)	
DatedSignature	ectors president or other officer – if directors or officers have not been	
selected,	by an (neorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
E	RAYMOND CHU ZHU	
_	(Typed or printed name of person signing)	·
F	RESIDENT	

(Title of person signing)