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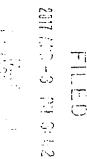
(Requestor's Name)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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11:30

COVER LETTER

Division of Corporations Polan co's FRUTERIA and Dicarbilo The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MIRIAN E. POLANCO For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State-S35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327

Street Address

Amendment Section
Division of Corporations
Cliffon Building

is enclosed)

Articles of Amendment

to
Articles of Incorporation
of

TO/ANCO'S FRUTERIA DA	ND PiCafollo, Inc.
(Name of Corporation as currently	
(Document Number of C	269.75
Pursuant to the provisions of section 607.1006, Florida Statutes, this Faits Articles of Incorporation.	·
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation." "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Coword "chartered," "professional association." or the abbreviation "P	". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ar ar
(making unitess MAT BL ATOST QTITCE BOX)	
	
	
D. If amending the registered agent and/or registered office address	s in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stree	Inddex
New Registered Office Address. (C	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
Signature of New Reg	istered 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 = ChiefExecutive 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	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>V</u>	Jose G. POlANCO	11130 THORNBORRY DR
Add			SPR:ng H:11, Fl 34608
X _ Remove			
2) Change	<u></u>	MARIA Y. POLANG	11130 THORN BERRY DR.
Add			SPE: MS Hr11, Fl 34608
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)	
		<u> </u>
-		-
·		
	 .	
	 -	
f an amendment provides for an exch	ange, reclassification, or cand	ellation of issued shares.
provisions for implementing the amer	ange, reclassification, or cand	ellation of issued shares, amendment itself:
f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cand dment if not contained in the	ellation of issued shares, amendment itself:
provisions for implementing the amer	ange, reclassification, or cand adment if not contained in the	ellation of issued shares, amendment itself:
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provisions for implementing the amer	ange, reclassification, or cand in the identification and in the identification and in the identification.	ellation of issued shares, amendment itself:
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If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cand	ellation of issued shares, amendment itself:
provisions for implementing the amer	ange, reclassification, or cand	ellation of issued shares, amendment itself:
provisions for implementing the amer	ange, reclassification, or cand	ellation of issued shares, amendment itself:

The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
Effective date if applicable:	04/01/17	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department	ck does not meet the applicable statutory filing requirements, tartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ted by the shareholders. The number of votes east for the amend icient for approval.	lment(s)
	oved by the shareholders through voting groups. The following s ach voting group entitled to vote separately on the amendment(s	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shar	reholder
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	der
Dated O	3/30/17	
Signature Day of Break	ector president or other officer - if directors or officers have not	
	by an incorporator – if in the hands of a receiver, trustee, or other	
appointed	fiduciary by that fiduciary)	
_	Mirian E. Polan co (Typed or printed name of person signing)	
	TRESIDENT.	
	(Title of person signing)	