Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000302006 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

R. WHITE

To:

Division of Componations

Fax Number

: (850)617-6380

From:

Account Name

: FASTKIT CORP

Account Number : I20100000009

: (305)599-0839

MOV 1 6 2017 Fax Number

: (305)592-9591

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN UWI TROPICAL ORGANIC CORP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

17 NOV 15 AM 8: 55

- SEGRETARY OF STATE TALLAHASSIE FLUMDA

Articles of Amendment ŧυ Articles of Incorporation of

	UWI TROPICAL O	RGANIC CORP	
(Name	of Corporation as currentl	v filed with the Florida Dept. of State)	
	P1700004	5654	
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.)006, Florida Statutes, this	Florida Profit Corporation adopts the following amen	dnient(s)
A. If amending name, enter the new n	ame of the corporation:		
		The	nesi
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	tation "Corp," "Inc," or "	n." "company." or "incorporated" or the abbrevia Co". A professional corporation name must contain P.A."	the
B. Enter new principal office address. (Principal office address MUST BE A S		N/A	_
(Frincipal office damess mog r BE A g	(NECT ADDRESS)		_
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	icable: OFFICE BOX)	N/A	_
D. If amending the registered agent are new registered agent and/or the ne			_
Name of New Registered Agent	N/A	-	
White of Men Vesigles of Manie			
•	(Florida sır	eer address)	
New Registered Office Address:	N/A	. Fiorida	
		(City) (Zip Code)	_
New Registered Agent's Signature, if c I hereby accept the appointment as regist	nanging Kegistered Agent: Jered agent. – Lam familiar v	, vith and accept the obligations of the position.	
, , , , , , <u>-</u>	-		
· -	Signature of New D	egistered Agent, if changing	
	PIRIORALE OF LIGHT	одини за гърпи, и винидии	

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 sheats, 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 D	<u>oe</u>		
X Remove	¥	Mike Jo	<u>ones</u>		
_X Add	<u>sv</u>	Sally S	mith		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	5
()Change	VP	_	ANA CRISTINA LOPEZ VELEZ	TUMBACO	
Add				ECUADOR	<u> </u>
X Remove					 ,
2)Cliangé		_			_
Add	•				
Remove					
3) Change		_			
Add	·				
Remove					<u></u>
4) Change		_			_
Add					_
Rémo <u>ve</u>		•			
5) Change		_			
Add					
Remove					
6) Change		···	<u> </u>		•
A.d.d					_ _
Ramove				· · · · · · · · · · · · · · · · · · ·	_

(Attack additional sheets, if neces	sary). (Be specific)	
N/A		
····		
······································		
	•	
,		<u> </u>
<u></u>		
•		
		· <u></u>
F. If an amendment provides for a provisions for implementing the	n exchange, reclassification, or causellation of issued s e amendment if not contained in the amendment itself	<u>hares.</u>
(If not applicable, indicate)	i/A)	•
ANA CRISTINA LOPEZ VELEZ -	(0 SHARES)	
ESTEFANIA MORI	(100 SHARES)	
		<u> </u>

The date of each amendment(s) a	OCTOBER 20, 2017	
date this cocument was signed.	вориол:	; if other then the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	lock does not incer the applicable statutory filing requirements, this dat partment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment($\mathfrak s$) flicient for approval.	
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	u
	for the amendment(s) was/were sufficient for approval	ť
by	(voting group)	
	(voling group)	
☐ The amendment(s) was/were ado action was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	sted by the incorporators withour shareholder action and shareholder	
OCTOBER Dated	20, 2017	
Signature	thouse Min.	
(By a di	ector, president or other officer - if directors or officers have not been	
appointe	by an incorporator - if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
	ESTEFANIA MORI	
_	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	