

P17000053559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

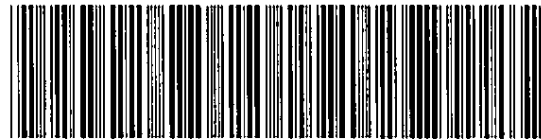
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 SEP -1 P 2 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 06 2017
TALLAHASSEE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: L & F tropical Fresh produce INC.
DOCUMENT NUMBER: P17000053559

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leodanis talavera
Name of Contact Person

L & F tropical Fresh produce INC.
Firm/ Company

11832 SW 273 street
Address

Homestead FL 33032
City/ State and Zip Code

L7tropical7freshproduce@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leodanis talavera at (305) 766-8575
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|--|--|---|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

L & F Tropical Fresh

(Name of Corporation as currently filed with the Florida Dept. of State)

P17000053559

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its 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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

11832 SW 273 St
Homestead Fl
33032

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

Leadanis Talavera

11832 SW 273 St

(Florida street address)

New Registered Office Address:

Homestead

(City)

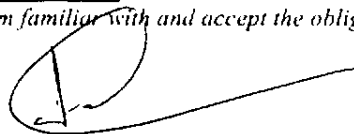
Florida

33032

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2017 SEP - 1 P 2 32

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(Attach additional sheets, if necessary). (Be specific)

101

(if not applicable, indicate N/A)

[illegible]