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.

(((H20000248862 3)))



H200002488623ABC%

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

To:

Division of Corporations

Fax Number : (850)617-6380

Account Name : R&P ACCOUNTING AND TAXES INC

Account Number : I20170000090

Phone : (305)358-1310

Fax Number : (305)503-6701

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

## COR AMND/RESTATE/CORRECT OR O/D RESIGN FRESH PREMIUM VEGETABLES INC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Articles of Amendment

Articles of Incorporation 2020

## FRESH PREMIUM VEGETABLES INC

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

## P17000077226

(Document Number of Corporation (if known)

icnt(s) to

If amending name, enter the new na-	ne of the corporation:			
				. ту
ne must be distinguishable and contain t	der word Consequention	Transau Tar Tiras	manuted" on the	The
v.," or Co.," or the designation "Co				
artered, " "professional association,"				,
	÷, "			•
Enter new principal office address, it	applicable:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
ncipal office address MUST BE A ST	<u>REET ADDRESS</u> )		٠	•
			<del></del>	
		•	• .	
				·
Enter new mailing address, if applic	able:		•	
(Mailing address MAY BE A POST O				- · · · · · · · · · · · · · · · · · · ·
**	• • • • • • • • • • • • • • • • • • • •		<del></del>	
			. ,	
		·	•	•
		<del></del>	<del></del>	· · · · · · · · · · · · · · · · · · ·
If amending the registered agent and	linr registered office 2	ddress in Florida, ente	er the name of the	
If amending the registered agent and new registered agent and			er the name of th	<u> </u>
If amending the registered agent and new registered agent and/or the new			er the name of t	<u>1¢</u>
			er the name of th	<u>ne</u>
new registered agent and/or the new			er the name of the	<u>ne</u>
new registered agent and/or the new	registered office addr	ess:	er the name of the	<u>1e</u>
new registered agent and/or the new	registered office addr		er the name of th	<u>ue</u>
new registered agent and/or the new  Name of New Registered Agent	registered office addr	ess:	er the name of the	
new registered agent and/or the new	registered office addr	ess:		
new registered agent and/or the new  Name of New Registered Agent	registered office addr	ess: street address)		la
new registered agent and/or the new  Name of New Registered Agent	registered office addr	ess: street address)		la
new registered agent and/or the new  Name of New Registered Agent  New Registered Office Address:	registered office addr	street address) (City)		la
new registered agent and/or the new  Name of New Registered Agent  New Registered Office Address:  Registered Agent's Signature, if ch	registered office addr (Florida	ess:  stree( address)  (City)	Floric	la
new registered agent and/or the new  Name of New Registered Agent  New Registered Office Address:	registered office addr (Florida	ess:  stree( address)  (City)	Floric	la
new registered agent and/or the new  Name of New Registered Agent  New Registered Office Address:  Registered Agent's Signature, if ch	registered office addr (Florida	ess:  stree( address)  (City)	Floric	la
new registered agent and/or the new  Name of New Registered Agent  New Registered Office Address:  Registered Agent's Signature, if ch	registered office addr (Florida	ess:  stree( address)  (City)	Floric	la
new registered agent and/or the new  Name of New Registered Agent  New Registered Office Address:  Registered Agent's Signature, if ch	registered office addr (Florida	ess:  stree( address)  (City)	Floric	la

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc 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 Saliv Smith, SV as an Add.

X Change	PT John Doe		
X Remove	Y Mike Jones		
X Add	SV Sally Smith	<i>.</i>	
Type of Action (Check One)	<u>Title</u> <u>Nank</u>		Address
1) Change	P Karla Patricia Galindo Rosales	٠.	150 SE 2nd Ave suite Suite #404
Add			Miami, FL 33131
X Remove			
2) Change	CEO Gustavo Adolfo Castañeda Goniez		150 SE 2nd Ave suite Suite #404
X. Add		٠.`	Miami, FL 33131
Remove 3) Change		,	
Add			
Remove		` .	
4) Change			
Add			
Remove,			
5) Change		`	
Add		. <sup>-</sup> · ·	
6) Change		٠. ,	
Add			
Remove			

E. If an	ending or a h additional	dding addit I sheets, if no	tional Article: cessary) (1	s, enter chan Be specific)	<u>2e(s) here</u> :				
	· ·	**	<del></del>			·-	<del>- 1</del>		
	1.							` .	٠.
	. :					• . • :	. •	٠.	· · .
· ·								,	
							-		
	**************************************								`
,		. ,							7.
								COLUMN TO COLUMN THE	
	,								
							· · · · · · · · ·		
	• • • • • • • • • • • • • • • • • • • •				<del></del> ,				
•	•	' .							
					,			,	· · · · · ·
				````					
pro	visions for i	mplementin	z the amende	ge, reclassific nent if not c	eation, or contained in	ancellation of the amendr	of issued share nent itself:	<b>85.</b>	
	(і) ног арри	cable, indica	He N/A)						
٠.									
		. ;	· .						
		· · · · · · · · · · · · · · · · · · ·							
	·								
-	٠			-A					,
	,	·		· ;				***************************************	
	•,			** * ** .	· · · ·				· · · · · · · · · · · · · · · · · · ·
. <del></del>	<del></del>		,			,		•	

The date of each amendment(s) adoption: _		•			<u> </u>			f ather	than the
date this document was signed.							•		
07 27/2020				•			`		
Effective date if applicable:	· · · · · · · · · · · · · · · · · · ·	and there Of	dors after a	······································	Ja Jaren				
	THIS INC	e e inciri ye	i inner alter n	inencineni ji	ie adiei	•	•		•
Note: If the date inserted in this block does	not meet	the applie	able statutor	v. filina requ	arenweis.	this date	on the	be liste	d as the
document's effective date on the Department of				,					,
	<b>.</b>								
Adoption of Amendment(s)	<u>неск о</u>	NE)				•	٠.		
■ The amendment(s) was were adopted by the	e incomo		ward of disc.	nom muthoud	eharahat	dat setion	sad ekse	- 	
action was not required.	e iikoipu	AUDIS, OF A	dad of direc	TOCK TAILCRUIT	SHACIO	act action	and site:	CIMIDEI	•
				, •			٠,		٠
The amendment(s) was were adopted by the	e sharehol	ders The	number of v	otes cast for	the amer	di <del>nent</del> (s) .		٠.	_
by the shareholders was were sufficient for									
• • •		• •	•	· · · .					•
(7) The amendment(s) was were approved by t	he sharch	olders thro	ugh votiny g	roups. The	lollan vig	statement	••	•	• •
musi be separately provided for each votin	ig group e	nided to	ole Separate	to on the am	सार्वसं <b>स्</b> रा	5),			
		`	•	•					``.
"The number of votes cast for the am	endmeal(1	ו) אשון אפו	e sufficient f	or abbroraj	-		٠.		
No.				. ·					
by	Ming grand	· · · · · · · · · · · · · · · · · · ·	·	<del></del> -	• .			•	٠.
			<i>,</i> .			• •	-	•	
	· ·			• • •					
07/27/2020					٠		,	٠	
Dated		-··· <b>·y</b> ·····	<del></del>	•, • , •		•	• •		
	57-	<del>- 1</del>	•		•	•			•
Signature	N 15/14				··				
(By a director pre							٠ ٠ 👡 ،	٠.	
selected, by an inc	corporation	i in the	: hands of a r	eceiver, irus	lee, or of	KT COUR!	•		
appointed fiduciar	الجزاز المواذرا	fiductory)					•		~
GUSTAV	O ADOLI	OCAST	AÑEDA GO	MEZ.			•		•
							٠,٠.		· · · .
	{Typed o	printed o	ame of perso	ក សន្តភាសន្ត។		· · · ·	٠.		• .
	Chief	himmani-t	Officer (	CLO					٠.,
	Citic)	t rimmers!	onier (	CEOT		•	-		•
	(Title of	person sig	ning)	Tage of the control of		.:			
			•	٠,	,		•	• •	٠,
								٠	