P18000034008

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	<u>COVER LI</u>	ETTER	
TO: Amendment Section Division of Corporations	·		
NAME OF CORPORATION:	NC PRODUCE CORP		
DOCUMENT NUMBER: P180	00034008		
The enclosed Articles of Amendment a	nd fee are submitted for filing.		
Please return all correspondence concer	ning this matter to the following	ng;	
SALVADOR I I	OIPP	1	
	Name of Cont	act Person	
PREMIUM TAX	CSERVICES	1	
	Firm/ Cor	nnany	
6303 BLUE LAG	GOON DR SUITE 320		
	Addre	ss	·
MIAMI, FL 331	26	1	
	City/ State and	l Zip Code	
saldipp@premiumtaxs	ervies.com		
E-mail addr	ess: (to be used for future anni	ial report noti	ification)
For further information concerning this	matter, please call:		
SALVADOR I DIPP	at (305	406-3858
Name of Contact Person		'Área Code δ	& Daytime Telephone Number
Enclosed is a check for the following ar	nount made payable to the Flo	rida Departm	ent of State:
☐ \$35 Filing Fee ☐\$43.75 Fi Certificate		ρΫ́	l\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231		Clifton Bui	nt Section f Corporations

Articles of Amendment to Articles of Incorporation of

JNC PRODUCE CORP (Name of Corporation as currently filed with the Florida Dept. of State) P18000034008 (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: TELLEZ PRODUCE CORP 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) C. Enter new mailing address, if applicable: N/A (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 N/A (Florida street address) New Registered Office Address: (City) 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.

Page 1 of 4

Signature of New Registered Agent, if changing

11.3

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address of each Officer: (Attach additional sheets, Please note the officer/dir P = President; V = Vice is Executive Officer: CFO : held. President, Treasure, Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	and/or D if necess rector title President, = Chief F r, Directo in the fol ves the co	Director being added: sary) It by the first letter of the office title: t ; $T = Treasurer$; $S = Secretary$; $D = Financial Officer$. If an officer/dire or would be PTD . Illowing manner. Currently John Decorporation, Sally Smith is named the	Director; TR= Tructor holds more the	irector being removed and title, name, and astee; $C = Chairman \ or \ Clerk; \ CEO = Chief \ an one title, list the first letter of each office and Mike Jones is listed as the V. There is would be noted as John Doe, PT as a Change,$
Example: X Change	<u>PT</u>	John Doe		
X Remove	$\underline{\mathbf{V}}$	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	F.	Address
1) Change		N/A	<u> </u>	
Add				
Remove				
2) Change		_	<u> </u>	
Add				
Remove				
3) Change				
Add				
Remove				
4) Change			<u> </u>	
Add				
Remove			-	
5) Change			 	
Add				
Remove				
6) Change		-		
Add		!		
Remove				

E. If amending or adding additional Articles, enter change(s) here (Attach additional sheets, if necessary). (Be specific)	
N/A	
	1
	1
	1.
F. If an amendment provides for an exchange, reclassification, or provisions for implementing the amendment if not contained in (if not applicable, indicate N/A)	cancellation of issued shares, ithe amendment itself:
N/A	
	
	1
	1.

The date of each amendment(s) adoption:	if other than the
date this document was signed.	
09/15/2019	İ
Effective date if applicable: (no more than 90 day	ys after amendment file date)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The numby the shareholders was/were sufficient for approval.	nber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote	voting groups. The following statement separately on the amendment(s):
"The number of votes east for the amendment(s) was/were su	fficient for approval
by(voting group)	
■ The amendment(s) was/were adopted by the board of directors with action was not required.	nout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without action was not required.	shareholder action and shareholder
09/15/2019 Dated	
Signature Maybe Tele 3	
(By a director, prosident or other officer -	
selected, by an incorporator – if in the har appointed fiduciary by that fiduciary)	nds of a receiver, trustee, or other court
appointed fiductary by that fiductary)	ı
NOELIA TELLEZ	<u>.</u> -
(Typed or printed nam	e of person signing)
VPD	
(Title of po	erson signing)