P18000071118

| - | (Requestor's Name) | | | |
|---|--------------------------|--|--|--|
| | (Address) | | | |
| | (Address) | | | |
| | (City/State/Zip/Phone #) | | | |
| PICK-UF | P WAIT MAIL | | | |
| | (Business Entity Name) | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



200319457182

10/19/18--01008--023 **35.00

00T & 9 2018



COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: SAN MELLA FAI | RMS INC | | |
|--|---|--|--|--|
| DOCUMENT NUM | P18000077118 | | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | | |
| Please return all corre | spondence concerning this ma | tter to the following: | | |
| | ARNOLDO MELLADO | | | |
| | | Name of Contact Persor | 1 | |
| | SAN MELLA FARMS INC. | | | |
| | | Firm/ Company | | |
| | 16850 SE 115TH AVE | | | |
| | | Address | | |
| | WEIRSDALE, FL 32195 | | | |
| | | City/ State and Zip Code | <u> </u> | |
| | on concerning this matter, pleas | sed for future annual report se call: | notification) | |
| ARNOLDO MELLA | | at (| _) | |
| Name | of Contact Person | Area Co | de & Daytime Telephone Number | |
| Enclosed is a check f | or the following amount made | payable to the Florida Depo | artment of State: | |
| ■ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | ☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 | | Street Address Amendment Section Division of Corporations Clifton Building | | |
| Ta | llahassee, FL 32314 | 2661 Executive Center Circle | | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

| SAN MELLA FARMS INC. | 2010 OCT 19 P. 9: 41 |
|---|--|
| (Name of Corporation | as currently filed with the Florida Dept. of State) |
| P18000077118 | DUS PRITARY OF START TALLAHASSEE, FLORMA |
| (Documen | t Number of Corporation (if known) |
| Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation: | tatutes, this Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corp. | oration: |
| | The new |
| name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abo | "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRI</u> | ESS) |
| | |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered off | office address in Florida, enter the name of the fice address: |
| Name of New Registered Agent | |
| | |
| | (Florida street address) |
| New Registered Office Address: | , Florida |
| New Registerea Office Address. | (City) (Zip Code) |
| | |
| | |
| New Registered Agent's Signature, if changing Regist | ered Agent: |
| I hereby accept the appointment as registered agent. 1 a | am familiar with and accept the obligations of the position. |
| | |
| | |
| Sionau | ure of New Registered 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 = 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: XChange | <u>PT</u> | John De | <u>oe</u> | |
|----------------------------|--------------|-------------|----------------------|---------------------|
| X Remove | <u>V</u> | Mike Jo | ones | |
| X Add | <u>sv</u> | Sally Sr | <u>nith</u> | |
| Type of Action (Check One) | <u>Title</u> | | Name | Address |
| 1) Change | D | | CARLOS ARNOLDO PEREZ | 16850 SE 115TH AVE |
| X Add | | _ | | WEIRSDALE, FL 32195 |
| Remove | | | | |
| 2) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | _ | | |
| Add | | | | |
| Remove | | | | |

| | g additional Articests, if necessary). | (Be specific) | | | |
|---|--|------------------|--------------------|---------------------------------------|-------------|
| | | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | |
| · | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | <u></u> | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | <u></u> |
| | | | | | |
| f an amendment pro | | :l:6. | | tion of icenad che | *OF |
| i an amenomeni nr | ementing the amen | idment if not co | ontained in the an | endment itself: | 11 (3) |
| provisions for imple | e, indicate N/A) | | | | |
| provisions for imple (if not applicabl | • | | | | |
| provisions for imple | | | | | |
| provisions for imple | | | | | ····· |
| provisions for imple | | | | | |
| provisions for imple | | | | | |
| provisions for imple | | | | | |
| provisions for imple | | | | | |
| provisions for imple | | | | | |
| provisions for imple | | | | | |
| provisions for imple | | | | | |

| The date of each amendment(s) adoption: | , if other than th |
|---|-------------------------------|
| date this document was signed. | |
| Effective date if applicable: (no more than 90 days after amendment file date) | |
| (no more than 90 days after amenament five date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records. | date will not be listed as th |
| Adoption of Amendment(s) (CHECK ONE) | |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval. | t(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s): | nent |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by | |
| The amendment(s) was/were adopted by the board of directors without shareholder action and sharehol action was not required. | der |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| Dated 10101118 | |
| Signature Signature (By a director, president or other orther of directors or officers have not bee | n |
| selected, by an incorporator – if in the hands of a receiver, trustee, or other co appointed fiduciary by that fiduciary) | |
| Arnoldo Mellado (Typed or printed name of person signing) | |
| President (Title of person signing) | |

. . . •