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Certified Copies	Certificates	s of Status
		
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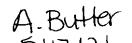
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: ATB FARMS INC				
DOCUMENT NUM	BER: P18000082592				
	s of Amendment and fee are sul	bmitted for filing.			
Please return all corre	espondence concerning this mat	ter to the following:			
	KOK HUWA LEE				
		Name of Contact Persor	i		
	ATB FARMS INC				
		Firm/ Company			
	23600 SW 177TH AVE				
	Address				
	HOMESTEAD, FL 33031				
		City/ State and Zip Code	:		
	jbgardentřeshllc@gmail.com				
	E-mail address: (to be us	ed for future annual report	notification)		
For further informati	or concerning this matter, pleas	se call:			
KOK HUWA LEE		at (646	895-1655		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check t	or the following amount made p	payable to the Florida Depa	irtiment of State:		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
An Di P.C	niling Address mendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Divisio The Co 2415 Y	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303		

Articles of Amendment to Articles of Incorporation of

FILED

2021 MAR 31 PM 3: 42

ATB FARMS INC

(<u>Name</u>) P18000082592	of Corporation as current	y filed with the Florida Dept of Stati	≌) OF STATE ASSEE, FL
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
NONE			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp, " "Inc," or "Co"	A professional corporation name mu	bbreviation "Corp.,"
B. Enter new principal office address,	if applicable:	NONE	
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)		
C. Enter new mailing address, if appl		NONE	
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u>)		
			
D. If amending the registered agent an new registered agent and/or the ne			<u>e</u>
Name of New Registered Agent			
	23600 SW 177TH AVE		
	(Florida st	reet address)	
New Registered Office Address:	HOMESTEAD	, Florida	33031
	•	(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agen	•	
I hereby accept the appointment as regis			position.
	/		
	Ø		
	Signature of Nov k	Penistered Agent it changing	_

Check if applicable

 \Box 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 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.

Evample: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
(Check One) X Change	P	KOK HUWA LEE	23600 SW 177TH AVE.
Add			HOMESTEAD, FL 33031
Remove			
2) X Change	V	SIEW KHENG CHU	23600 SW 177TH AVE,
Add			HOMESTEAD, FL 33031
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damovo			

E. If amending or adding addit (Attach additional sheets, if no	tional Articles, enter et 20essary). — (Be specific	nange(s) here:			
NONE					
					
					
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			 ;		
F. If an amendment provides f	or an exchange reclas	sification or cance	ellation of issues	d charec	
provisions for implementing	g the amendment if no	t contained in the	amendment its	elf:	
(if not applicable, indice	ite N/A)				
N/A	·-				
				•	•~-
					

•		4 4 4 M
	0.110.110000.4	
The date of each umendment(s) a	01/01/2021 doption:	, if other than the
date this document was signed.		
(01/01/2021	
Effective date <u>if applicable</u> :	(no more than 90 days after amendme	ent file date)
Note: If the date inserted in this bedocument's effective date on the December 1.	block does not meet the applicable statutory filing epartment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors wit	thout shareholder action and shareholder
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes causticient for approval.	st for the amendment(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups, reach voting group entitled to vote separately on the	The following statement amendment(s):
	for the amendment(s) was/were sufficient for appr	oval
by		 .
V	(voting group)	
Dated	20 (202) Alirector, president or other officer – if directors or o	
		officers have not been
selecte appoir	ed, by an incorporator — if in the hands of a receiver nted fiduciary by that fiduciary)	, trustee, or other court
	(Typed or printed name of person sign	ing)
	(Title of person signing)	
	(Title or berson signing)	

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