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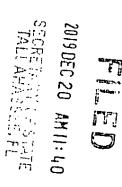


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R. WHITE



## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION:AMERICAN PR	ODUCE CANDIES CORP			
DOCUMENT NUMBE	P18000092527				
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all correspo	ondence concerning this ma	tter to the following:			
	MARIO E. JUAREZ				
	Name of Contact Person				
	MB FINANCIAL GROUP PA				
_		Firm/ Company			
	6296 CORPORAT CT. SUITE A202				
_		Address			
	FORT MYERS, FL 33919				
_		City/ State and Zip Cod	v		
MΛ	.RIO@MBACCOUNTING	PA.COM			
	-	sed for future annual report	notification)		
For further information of MARIO E. JUAREZ	concerning this matter, please	se call:at (	246-9272		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for t	he following amount made	payable to the Florida Depa	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)		
Ameno Divisio P.O. H	ng Address Iment Section on of Corporations lox 6327 assee, FL 32314	Ameno Divisio Clifton 2661 F	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301		

## Articles of Amendment to Articles of Incorporation of

## FILED

2019 DEC 20 AH 11: 40

AMERICAN PRODUCE CANDIES CORP

AMERICAN PRODUCE CANDIES CORP

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

P18000092527	True water
(Document Numb	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendme
A. If amending name, enter the new name of the corporation	n <u>:</u>
AMERICA'S PRODUCTS CANDIES CORP	The new
name must be distinguishable and contain the word "corpo "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviat	ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ado	
N/A  Name of New Registered Agent	<u></u>
	da street address)
New Registered Office Address:	(City) (Zip Code)
	,
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami	
<u> </u>	t n e e e e e e e e e e e e e e e e e e

Signature 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: X Change	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>SV</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change	VP	OLGA L. CORTES	12821 COMMERCE LAKE DR.		
XAdd			SUITE 8		
Remove			FORT MYERS, FL 33913		
2) Change	VP	AMERICA'S PRODUCTS DISTRIB	12821 COMMERCE LAKE DR		
Add	<u> </u>		SUITE 8		
X Remove			FORT MYERS, FL 33913		
3 ) Change					
Add			· · · · · · · · · · · · · · · · · · ·		
Remove					
4) Change					
Add					
Remove					
5) Change	<del></del>				
Add					
Remove					
6) Change					
Add					
Remove					

• •	). (Be specific)
N/A	
· <u></u>	
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provisions for implementing the gr	xchange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:
provisions for the picticining the at	hendricht is not contained in the amendinent tisch.
(if not applicable, indicate N/A)	
(if not applicable, indicate N/4)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/4)	
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(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A) N/A	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

	DECEMBER 13TH 2018	
	(s) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	WHEN FILE BY THE DIVISION OF CORPORATIONS	
<u></u> -	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date with the Department of State's records.	ll not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
12/	13/2018 ///	
Dated		
	$\mathcal{A}$	
Signature _		
	By a dikector, president or other officer – if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
/"	Appliance reducingly by that reducinty	
,	CESAR A. LOMBANA ROMERO	
	(Typed or printed name of person signing)	<u> </u>
	CEOP	
	(Title of person signing)	