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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

FO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: HORTALIZAS DE | EL TESORO CORP | |
|---|---|---|--|
| DOCUMENT NUM | BER: P18000094570 | | |
| | of Amendment and fee are su | bmitted for filing. | |
| Please return all corre | spondence concerning this ma | tter to the following: | |
| | JOHAN ROJAS | | |
| | | Name of Contact Persor |) |
| | HORTALIZAS DEL TESOR | O CORP | |
| | | Firm/ Company | |
| | 915 W 29 STREET APT 2 | , - | |
| | | Address | |
| | HIALEAH, FL 33012 | | |
| | | City/ State and Zip Code | · · · · · · · · · · · · · · · · · · · |
| SAN | CHEZANDSANCHEZCORP(| a-GMAIL.COM | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further informatic | on concerning this matter, pleas | se call: 786 ar (| 241-5373 |
| Name | of Contact Person | at (Area Co | de & Daytime Telephone Number |
| | or the following amount made | | • |
| \$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 Tallahassee, F1, 32314 | | Amend Divisic Clifton | Address ment Section in of Corporations Building Secutive Center Circle |
| | | Tallaha | issee, FL 32301 |

Articles of Amendment to Articles of Incorporation of

HORTALIZAS DEL TESORO CORP

| (Name | of Corporation as currently | filed with the Florida Dept. of Stat | <u>e</u> 1 |
|--|---|--|--|
| P18000094570 | | | |
| | (Document Number of C | Forporation (if known) | |
| Pursuant to the provisions of section 607 its Articles of Incorporation: | 1006, Florida Statutes, this F | foridu Profit Corporation adopts the | following amendment(s) to |
| A. If amending name, enter the new m | ame of the corporation: | | |
| | | | The new |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | nation "Corp," "Inc," or "C | o". A professional corporation nan | or the abbreviation ne must contain the |
| B. Enter new principal office address, (Principal office address <u>MUST BE A S</u> | | | |
| | | | |
| | | | 255 T |
| C. Enter new mailing address, if appl (Mailing address MAY BE A POST | | | ec — |
| (Stating address <u>Street 1212 1 1 (Street</u> | (1111) | | 13. 6 |
| | | | 3 1 |
| | | | |
| D. If amending the registered agent at new registered agent and/or the ne | | ss in Florida, enter the name of the | Sign F |
| | JOHAN ROJAS | | -, |
| Name of New Registered Agent | 915 W 29 STREET APT 2 | | |
| | (Florida stree | t address) | |
| N. D. C. LOW. (11) | HIALEAH | . Florida | 33144 |
| <u>New Registered Office Address:</u> | | Tity) | (Zip Code) |
| | | | |
| | | | |
| New Registered Agent's Signature, if c I hereby accept the appointment as regis | <u>nanging Registered Agent:</u> tered agent. I am familiar wi | th and accept the obligations of the p | osition. |
| •• | c | | |
| | then Rosa | 5 | |
| | | gistered 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)

Example:

Please note the officer director title by the first letter of the office title:

P = President; V = Vice President; P = 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.

| X Change | PT | John Doc | |
|----------------------------|-------------|-------------|-----------------------|
| X Remove | <u>V</u> | Mike Jones | |
| <u>X</u> Add | <u>SV</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| X Change | k | JOHAN ROJAS | 915 W 20 STREET APT 2 |
| Add | | | HALEAH: TL 33012 |
| Remove | | | |
| 2) X Change | þ | JOHAN ROJAS | 915 W 29 STREET APT 2 |
| Add | | | HIALEAH, FL 33012 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| | | | - |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| .5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Page 192 | | | |

| Attach addition | adding additional Art al sheets, if necessary). | (Be specific) | | | |
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| an amendme | nt provides for an exc | nange, reclassifica | tion, or cancellati | on of issued snares | <u> </u> |
| <u>provisions for</u> | implementing the amo | <u>enament 11 not con</u> | tained in the ame | nament (tsen: | |
| (у посару | licable, indicate N/A) | | | | |
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| | 11/21/2018 | Washington de |
|--|--|-----------------------------|
| The date of each amendment(s) and date this document was signed. | loption: | , if other than the |
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment tile date) | |
| Note: If the date inserted in this I document's effective date on the De | lock does not meet the applicable statutory filing requirements, this dat partment of State's records. | e will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ■ The amendment(s) was/were add by the shareholders was were su | opted by the shareholders. The number of votes east for the amendment(s) flicient for approval. |) |
| | roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): | ut |
| | for the amendment(s) was/were sufficient for approval | |
| hy | (voting group) | |
| | (voting group) | |
| ☐ The amendment(s) was/were add action was not required. | opted by the board of directors without shareholder action and shareholder | r |
| ☐ The amendment(s) was/were add action was not required. | opted by the incorporators without shareholder action and shareholder | |
| 11/21/2018 Dated | | |
| Signature | Johan Roxus | |
| (By a d selecte | irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary) | t. |
| | IOHAN ROJAS | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |