## P1900000 3961

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(Cit	y/State/Zip/Phone	e #)
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## COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations			
NAME OF CORPORATION: Fresh World Produce Corp			
DOCUMENT NUMBER: P190000 3961			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Maria C. Vallejo			
Name of Contact Person			
Haria C. Vallejo  Name of Contact Person  Firm/ Company			
10556 NW 26 ST, SOITE D 102			
PORAL, FL 33172  City/ State and Zip Code			
City/ State and Zip Code			
Freshworld produce e amail. com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Aranga Sanche z at (786) 307 - 0323  Name of Contact Person Area Code & Daytime Telephone Number			
Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)			
Mailing Address Street Address			
Amendment Section Amendment Section			
Division of Corporations Division of Corporations			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation

FRESH	115000
	(Name of Cornor

PRODUCE

n(s) to

P1900000 3961	· ·	
	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this <i>Florida Profit Corporatio</i>	on adopts the following amendmen
A. If amending name, enter the new name of the co	orporation:	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	"," "Inc," or "Co". A professional con	The new corporated" or the abbreviation rporation name must contain the
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>Y</u> Y)	
D. If amending the registered agent and/or register new registered agent and/or the new registered agent agent and/or the new registered agent	red office address in Florida, enter the office address:	name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Registered agent. I hereby accept the appointment as registered agent.	I am familiar with and accept the obliga	itions of the position.
Signa	ature of New Registered Agent, if changi	ing

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.

X Change	<u>PT</u> <u>John</u>	Doc	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	_P_	Rene Bolute Ferrer	10556 NW 26 ST
Add			_50ite D 102
Remove			Dored FL 33172
2) Change	_ ?	Haria C Vallejo	10556 NW 26 5T
_X Add			_ svite 0 102
Remove			Doral FL 38177
3) X Change	<u> 77</u>	Aranxa Sanchez	10356 Na 265T
Add			suite D 102
Remove			Dard, FL 33,72
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
•	
f an amandment neovider for an evol	nange, reclassification, or cancellation of issued shares,
	range, reclassification, or cancenation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	indment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	March	05	,2019	, if other than t
date this document was signed.	March March	05,	2019	
Effective date if applicable:	(no more than 90 day	s after amer	ndment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of		statutory fil	ing requirements, this	date will not be listed as t
Adoption of Amendment(s) (CH	ECK ONE)			
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a		ber of votes	cast for the amendme	nt(s)
The amendment(s) was/were approved by the must be separately provided for each voting				emeni
"The number of votes cast for the amer	ndment(s) was/were suf	ficient for ap	proval	
by(vol	ing group)			
☐ The amendment(s) was/were adopted by the action was not required.			der action and shareho	older
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without s	hareholder a	action and shareholder	
Dated Harch	05, 2019	_		
Signature Signature		12.11		
(ny a director, pres	ident or other officer – orporator – if in the han by that fiduciary)			
Ha	ria O Vallo	10-	<del> </del>	
	Typed or printed name	Vol person si	igning)	
	Kicsidlin:	rson signing	<u> </u>	<del></del>
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Pallalfa.				
Paria e Valle jo 9.				
ranta S Aranxa S	Sánchezrage.	1 of 4		

\* Rene Bowle Feirer