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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION: ROSY PRODUCE	CORPORATIONS		
DOCUMENT NU	P19000036006			
The enclosed Artic	eles of Amendment and fee are su	bmitted for filing.		
Please return all co	orrespondence concerning this ma	tter to the following:		
	HENRY COSTA			
		Name of Contact Person	1	
	HENRY COSTA INCOME TAX			
		Firm/ Company		
	210 SW 107TH AVE			
		Address		
	MIAMI FL 33126			
		City/ State and Zip Code	:	
	HCZAYLIN@AOL.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informa	ation concerning this matter, pleas	se call:		
HENRY COSTA		at (·)	
Name of Contact Person Area Code & Daytime Telephone Nu				
Enclosed is a checl	c for the following amount made	payable to the Florida Depa	artment of State:	
S35 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)	
7 I. I	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303	

Articles of Amendment to Articles of Incorporation of

ROSY PRODUCE CORPORATION

(Name of Corporation as curren	tly filed with the Florida Dept. of State)		-
P19000036006			
(Document Number	of Corporation (if known)	- <u>-</u>	_
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the fe	llowing amendi	ment(s) _, tc
A. If amending name, enter the new name of the corporation:			
		The n	ew
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must	contain the wo	.,'' ord
B. Enter new principal office address, if applicable:		020	
(Principal office address MUST BE A STREET ADDRESS)		2020 JUH	- !
		12	- ·
		7	<u>]</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		÷:	هد.
(Mulling duaress MAT BL AT 031 OTTICE BOX)			-
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	-		_
D. If amending the registered agent and/or registered office ad-			
new registered agent and/or the new registered office address	<u>is:</u>		
Name of New Registered Agent			
(Florida s	treet address)		
New Registered Office Address:	, Florida		_
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agen	it:		
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the po-	sition.	
Signature of New	Registered Agent, if changing		
	· · · · · · · · · · · · · · · · · · ·		
Check if applicable			

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.

Example: X Change	PT	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	ROSEMARY FAJARDO	10860 SW 3RD ST
X Add			SUITE 6
Remove			MIAMI FL 33174
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ding additional Art heets, if necessary),	(Be specific)			
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<u>If an amendment r</u>	provides for an exc	hange, reclassifi	cation, or cancella	tion of issued sha	ares,
	<u>piementing the amo</u> bla_indicata MAY	<u>enament 11 not c</u>	ontained in the ar	nendment itsell:	
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•	06/01/2020	
The date of each amendment(s) ad	option:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amend	lment file date)
Note: If the date inserted in this blo document's effective date on the Dep		ng requirements, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adoptaction was not required.	sted by the incorporators, or board of directors	without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	sted by the shareholders. The number of votes ficient for approval.	cast for the amendment(s)
must be separately provided for e	oved by the shareholders through voting group ach voting group entitled to vote separately or	the amendment(s):
"The number of votes cast f	or the amendment(s) was/were sufficient for ap	pproval
by		·"
	(voting group)	
selected appointe	ector, president or other officer – if directors o by an incorporator – if in the hands of a receive d fiduciary by that fiduciary)	
-	<u> </u>	
	(Typed or printed name of person signal /	gning)
	Pars de 11	