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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATI	on: Harvest	SUPPLY CORP.	
DOCUMENT NUMBER:	P200000 14	7.22	
The enclosed Articles of Ar	nendment and fee are su	bmitted for filing.	
Please return all correspond	ence concerning this ma	tter to the following:	
	A PLATON A	LEXANDRAKIS	
		Name of Contact Person	·
Firm/ Company			
110 HERRICK WAY SUITE 3A			
Address  CORAL GABLES FL 33134			4
		City/ State and Zip Code	
	PLATON ALEXAN E-mail address: (to be us	IDPACUS LAW. COM sed for future annual report	notification)
For further information con	cerning this matter, pleas	se call:	
A. RATON ALEX	ANDRIUS ntact Person	at ( <u>786</u> Area Coo	) 853 - 4769 de & Daytime Telephone Number
Enclosed is a check for the			·
☑ \$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)
Division P.O. Box	ent Section of Corporations	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, Ft. 32303

## **Articles of Amendment** Articles of Incorporation of

HARVEET SIRRY (DRD

HARVEST SUPPLY	WEY.		
(Name of Corporation as currently	filed with the Florida Dept. of S	State) 🖄	
P2000001472	2	State) S. C. MAR.	
(Document Number of C	Corporation (if known)	2	PROPERTY
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>FI</i> its Articles of Incorporation:	orida Profit Corporation adopts	the following an	pendinent(s) to
A. If amending name, enter the new name of the corporation:	4		
name must be distinguishable and contain the word "corporation," "co. "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A particle of "professional association," or the abbreviation "P.A."			Corp., "
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
C. Entan navy mailing adduses if applicables	A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of	f the	
new registered agent and/or the new registered office address:	35 III I IOI ICAL CHEEL THE HARVE OF	<u> </u>	
Name of New Registered Agent			
(Florida strey	address)		
V 1000 444	t21_		
New Registered Office Address:		orida <i>(Zip Code</i>	·/
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	N	'he position.	
Signature of New Reg	gistered Agent, if changing		
Check if applicable			
COPPE D SUBJECTION			

☐ 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.

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	_ <del>P</del>	SOUTH RIVER SERVICES LC.	110 HERRICK WAY
Add			SUME 3A
_⊀_ Remove			CORAL GABLES, FL 33134
2) Change	b	A. RATON ALEXANDRAUS	110 HERRICL WAY
≭_ Add			SUITE 3A
Remove 3) Change			CORAL GABLES, FL 33134
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	adding additional Articles, enter change(s) here:
Attach <i>additiona</i>	I sheets, if necessary). (Be specific)
<del></del>	
	h
_ <del></del>	
	/ <b>k</b>
	<del></del>
	/
	<del>/</del>
lf an amendmer	nt provides for an exchange, reclassification, or cancellation of issued shares,
provisions for	implementing the amendment if not contained in the amendment itself:
(if not appl	icable, indicate N/A)
	A
	A
	A
	A

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
Dated 3 13 20 Signature	
(By a director, president or other-officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Title of person signing)	