## P200000 23019

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: HARARCARA, IN	C.	
DOCUMENT NUMI	BER: P20000023079		
	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	BRIAN R. GOVONI		
		Name of Contact Person	r-
	GOVONI & COMPANY, IN	C.	
		Firm/ Company	
	6039 CYPRESS GARDEN	S BLVD SUITE 143	
	-	Address	
	WINTER HAVEN, FLORID	A 33884	
		City/ State and Zip Code	•
	BRIAN@GOVONIGROUP.	СОМ	
	E-mail address: (to be us	ed for future annual report	notification)
For further informatio	n concerning this matter, pleas	e call:	
BRIAN R. GOVONI		863	, 551-1300
Name o	of Contact Person		le & Daytime Telephone Number
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	rtment 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Division The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810 ssee, FL 32303

20 F. 1 - P.1 2: 23

## Articles of Amendment to Articles of Incorporation of

	of		
HARARCARA, INC.			
(Name of Corporation as cur	rently filed with the Florid	da Dept. of State)	
P20000023079			
(Document Num	ber of Corporation (if know	n)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corpor	ation adopts the following amo	endment(s) to
A. If amending name, enter the new name of the corporatio	<u>n:</u>		
		The	new
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 "I	". A professional corpora	orated" or the abbreviation "C	orp., ''
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )			<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7.7	
		وب. ان	. :)-
			<u> </u>
			<u>:-</u>
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add		the name of the	23
Name of New Registered Agent			
(Florid	da street address)		
New Registered Office Address:		Florida	
The strength of the state of th	(City)	(Zip Code)	<del></del>
New Registered Office Address:  New Registered Office Address:  New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am family	(City) gent:		

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)

Example:

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)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change	VP	JÉRRY BAIER	ŧ	5004 RIVER LAKE ROAD
X Add			- -	WINTER HAVEN, FL 33884
Remove			_	
2) Change		<u> </u>	_	
Add			• -	
Remove 3) Change			, . - -	
Add			_	
Remove			_	
4) Change			-	
Add			-	
Remove			_	
5) Change			_	
Add			_	
Remove			_	
6) Change			_	
Add			_	
Remove				

	<del></del>
<del></del>	
f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	

The date of each amendment(sidate this document was signed.	) adoption:, if other than the
Effective date <u>if applicable:</u>	
<del></del> -	(no more than 90 days after amendment file date)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory fifing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
must be separately provided,	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s) ast for the amendment(s) was/were sufficient for approval.
· ·	
Dated	28/2020
/ Signature	discourse are ideal to the control of the control o
seleç	director, president or other officer - if directors or officers have not been ted, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	MARTIN A KEY
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)