## P20000095450

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: PACIFICO HARV	ESTING INC	
	BER: P20000095450		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
		Name of Contact Person	
	PACIFICO HARVESTING I		1
	319 Pine Ave	Firm/ Company	
		Address	
	LABELLE, FL 33935	Address	
		City/ State and Zip Code	_
	rosimoreno 1974@gmail.com	sed for future annual report	natification
	E-man address, (to be us	sed for future amidal report	nouncation)
For further information	on concerning this matter, plea	se call:	
wondazie	Fuentes Union-	in at (	
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Section n of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

D	$\Lambda C1$	FICT	тиз	RVFS	TING IN	C

(Name o	of Corporation as cur	rently filed with the Florida	Dept. of State)	
P20000095450				
	(Document Num	ber of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes.	this Florida Profit Corporati	on adopts the followin	g amendment(s) t
A. If amending name, enter the new na	ame of the corporatio	ı <u>n:</u>		
N/A				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association."	Corp." "Inc," or "Co	". A professional corporati		on "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		N/A		
	, , , , , , , , , , , , , , , , , , ,		203 103 103 103 103 103 103 103 103 103 1	2024 1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		97 19
*				E C
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9: \$7
D. If amending the registered agent an new registered agent and/or the new			e name of the	
Name of New Registered Agent	WANDA L FUENTE	ES VALENTIN		_
	319 Pine Ave			
	(Flore	ida street address)		-
New Registered Office Address:	LABELLE		33935 , Florida	
		(City)	(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 obligations of the position.

Wooda Tir Fuon Los Volontin 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.

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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: XChange	<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
I) X Change	P	WANDA L FUENTES VALENTIN	319 PINE AVE
Add			LABELLE, FL 33935
Remove			
2) Change	V	ROSALVA	1341 POLLYWOG DR
X Add			LABELLE, FL 33935
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional A (Attach additional sheets, if necessary	rticles, enter change(s) he ). (Be specific)	<u>re</u> :		
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f an amendment provides for an ex	change, reclassification, o	r cancellation of issi	ued shares,	
provisions for implementing the au (if not applicable, indicate N/A)	nendment if not contained	in the amendment	<u>itself:</u>	
\ 				
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	November 8,2024	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
	ovember 8,2024	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment	file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing req Department of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors withou	ut shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east fo sufficient for approval.	or the amendment(s)
	pproved by the shareholders through voting groups. The or each voting group entitled to vote separately on the a	
"The number of votes ca	st for the amendment(s) was/were sufficient for approva	1
by		••
<u> </u>	(voting group)	·
11/8/202	4	
Dated		
Signature \ (2)	ando Tie Fu onto Volontio	ή
(By a selec	director, president or other officer – if directors or offic ted, by an incorporator – if in the hands of a receiver, truinted fiduciary by that fiduciary)	ers have not been
	WANDA L FUENTES VALENTIN.	
	(Typed or printed name of person signing)	······································
•	President	
	(Title of person signing)	

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