P21 0000 59738

(Requestor's Name) (Address)	3003	
(Address)	3000	
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)	07/20	
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
	١	

Office Use Only



300370035113

07/20/21--01022--006 **35.00

2021 JUL 20 AH 7: 55

-/i)))\(nd

AUG 0 6 202!

I ALBRITTON

COVER LETTER

TO: Amendment Section **Division of Corporations**

e e e

NAME OF COR	RPORATION: FAMILY BETHES	SDA FARMS INC	
DOCUMENT N	UMBER: P21000059738		
	icles of Amendment and fee are su	bmitted for filing.	
Please return all c	correspondence concerning this ma	tter to the following:	
	INALVIS HERNANDEZ		
		Name of Contact Person	1
		Firm/ Company	
	4003 167 ROAD		
		Address	
	OAK LIVE, FL 32060	Market Mari	
		City/ State and Zip Code	2
	inaigea@yahoo.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further inform	nation concerning this matter, plea	se call:	
INALVIS HERN	ANDEZ	786 at (333-6591 de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a che-	ck for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fo	ee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division The Co	Address Iment Section on of Corporations entre of Tallahassec N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FAMILY BETHESDA FARMS INC

(Name of Corporation as currently	filed with the Florida Dept. of State)	
P21000059738	,	
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following	3 amendment(s)
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "co. "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A proceedings of the above of t	mpany," or "incorporated" or the abbreviation professional corporation name must contain	- n "Corp.," 1 the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		202
		<u>=</u> 3
C. Enter new mailing address, if applicable:	:	20
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
	 ·	
	<u> </u>	<u></u>
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the	
new registered agent and/or the new registered office address:		
Name of New Registered Agent		
dT - i I	A. Harris	,
(Florida stree		
New Registered Office Address: (C	, Florida	ode)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.	
Signature of New Reg	istered 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	<u>PT</u>	John Doc	
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	JOSE A. ESTREDA	19721 NW 58TH AVE
X Add			HIALEAH, FL 33015
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			-
5) Change	· · ·		
Add			
Remove			
6) Change			
Add			<u></u>
Domovo			

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

•

The date of each amendment(s) adoption:, if other than the
date this document was signed.
Effective date if applicable: (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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)
07/14/2021 Dated
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)
INALVIS HERNANDEZ
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)