## P22000043747

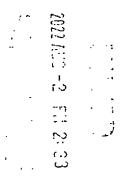
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: HOMESTEAD PR	ODUCE DISTRIBUTION	CORP		
DOCUMENT NUMBI	ER: P22000043747				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
R	AFAEL CHIQUITO				
_		Name of Contact Person	n		
R	RC CPA SERVICES CORP				
		Firm/ Company			
1	1820 N CORPORATE LAKES BLVD STE 105				
Address					
v	WESTON, FL 33326				
_	City/ State and Zip Code				
R	CHIQUITO@PARAMOU!	NT.TAX			
_	- <del>-</del> -	sed for future annual report	notification)		
				( ) j	
For further information	concerning this matter, pleas	se call:		,	
RAFAEL CHIQUITO		at (954	937-1637	,	
Name of Contact Person		Area Co	de & Daytime Telephone Nur	nber	
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 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 Tallahassec, FL 32314		Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	)	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation	n as currently filed with the Flo	orida Dent of State)	
P22000043747	n as correlatly med with the Pic	mua Dept. of State)	
(Docume	ent Number of Corporation (if kn	own)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corp	poration adopts the followin	g amendment(s) to
A. If amending name, enter the new name of the con	rporation:		
			The new
name must be distinguishable and contain the word "cor". "Inc.," or Co.," or the designation "Corp," "Inc." "chartered," "professional association," or the abbrev	or "Co". A professional corp	rporated" or the abbreviation or the abbreviation name must contain	n "Corp.," n the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI			· <del></del>
	<del></del>		<del></del>
	_		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	O	·	
			2
			(2)
	· · · · · · · · · · · · · · · · · · ·		
<ul> <li>If amending the registered agent and/or registered new registered agent and/or the new registered or</li> </ul>		er the name of the	1,5
-			7.1
Name of New Registered Agent			· 63
	(Florida street address)	<del></del>	<i>(</i> .)
	(r tortaa street aaaress)	•	. 5
New Registered Office Address:	(Citv)	, Florida	·
	(Cny)	(Zip C	.oac)
New Registered Agent's Signature, if changing Regis	tered Agent:		
I hereby accept the appointment as registered agent. 1	am Jamiliar with and accept the o	obligations of the position.	
Signati	ure of New Registered Agent, if co	hanging	•
Check if applicable			
☐ The amendment(s) is/are being filed pursuant to s. 60	97.0120 (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>	<u>John Doe</u>	
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>	Address
1) Change	P	EFRAIN MUNOZ	3907 SW 155TH AVE
Add			MIRAMAR, FL 33027
X Remove			
2) Change	<u>P</u>	GINO GREGORIO	3907 SW 155TH AVE
X Add			MIRAMAR, FL 33027
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
5) Change		<u> </u>	_
Add			
Remove			

(Attach additional si	ding additional Arti heets, if necessary).	(Be specific)	<del></del>		
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
		- <u>-</u>			
	<u>-</u> .	····			
lf an amendment p	rovides for an exch	ange, reclassificatio	n, or cancellation of	issued shares,	
provisions for imp (if not applicat	plementing the amenable, indicate N/A)	ndment if not conta	ined in the amendm	ent itself:	
· · · · · · · · · · · · · · · · · · ·			<del>_</del>		
		<del> </del>			
				<del></del>	
		<del></del>			
<u> </u>	_ <del></del>				

The date of each amount—aut(a)	07/01/2022	.1 .1
The date of each amendment(s) date this document was signed.	adoption:, if other	than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will not be listed epartment of State's records.	d as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ac action was not required.	lopted by the incorporators, or board of directors without shareholder action and shareholder	•
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
07/28/202 Dated	mas s	
(By a c	lirector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)	
	EFRAIN MUNOZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	