P9900065304

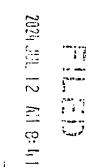
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PUERTO RICO P	ACKERS, N.A; INC		
DOCUMENT NUMI	BER:			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	atter to the following:		
	JOSE M. PEREZ NIEVES			
	Name of Contact Person			
	PUERTO RICO PACKERS, N.A; INC			
	Firm/ Company			
	524 MID FLORIDA DR STI	E 201		
	Address			
	ORLANDO, FL 32824			
	City/ State and Zip Code			
	jose@prpackersorlando.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas		701-6417	
Name o	of Contact Person	at (<u>40 /</u> Area Coo) 701-64/7 de & Daytime Telephone Number	
	r the following amount made	_		
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi P.O.	ing Address indment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee l. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

(Name of P99000065304 Pursuant to the provisions of section 607.16 its Articles of Incorporation: A. If amending name, enter the new nar	(Document Number of 006, Florida Statutes, this F	filed with the Florida(Dept, of: Corporation (if known) Florida Profit Corporation adopts	
P99000065304 Pursuant to the provisions of section 607.19 ts Articles of Incorporation:	(Document Number of 006, Florida Statutes, this F	Corporation (if known)	
ts Articles of Incorporation:	006, Florida Statutes, this <i>F</i>		the following amendment(s
ts Articles of Incorporation:		Florida Profit Corporation adopts	the following amendment(s
A. If amending name, enter the new nar	ne of the corporation:		
			The new
name must be distinguishable and contain to "Inc.," or Co.," or the designation "Co "chartered," "professional association," o	rp, " "Inc, " or "Co". A		
3. Enter new principal office address, if Principal office address MUST BE A ST.			·
C. Enter new mailing address, if application (Mailing address MAY BE A POST O			
	<u></u>		
			
). If amending the registered agent and	or registered office addre	ess in Florida, enter the name of	the
new registered agent and/or the new			
Name of New Registered Agent	JOSE M. PEREZ NIEVES		
· · · · · · · · · · · · · · · · · · ·	524 MID FLORIDA DR ST	TE 201	
.	(Florida stree		
(ORLANDO	er than ess)	32824
New Registered Office Address:		Cinu, Flor	rida
	(0	City)	(Zip Code)
	,,		(Esp Cont)
New Registered Agent's Signature, if cha hereby accept the appointment as register		ith and accept the obligations of t	he position.
	DDS		
	Signature of New Res	gistered 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	$\underline{\mathbf{v}}$	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	P	ALCIDES ALGARIN	524 MID FLORIDA DR STE 201
Add			ORLANDO, FL 32824
Remove 2) Change	P	JOSE M. PEREZ NIEVES	524 MID FLORIDA DR STE 201
X Add			ORLANDO, FL 32824
Remove 3) Change	VP	YADIRA NIEVES VELEZ	
X Add			524 MID FLORIDA DR STE 201
Remove			ORLANDO, FL 32824
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			_
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
	·
· · · · · · · · · · · · · · · · · · ·	
	<u>. </u>
	
F. If an amendment provides for an exchange, reclassification, or cancella	tion of issued shares,
provisions for implementing the amendment if not contained in the an (if not applicable, indicate N/A)	nendment itself:
N/A	

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)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements Department of State's records.	, this date will not be listed as the
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 shareho	lder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the ame sufficient for approval.	ndment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	<u>.</u>	
,	(voting group)	
Dated	7-2-2024	
Signature	P3	
sele	a director, president or other officer – if directors or officers have neeted, by an incorporator – if in the hands of a receiver, trustee, or oto inted fiduciary by that fiduciary)	
	JOSE M. PEREZ NIEVES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: PUERTO RICO P	ACKERS, N.A; INC		
DOCUMENT NUME	P9900065304			
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Please return all corres	pondence concerning this ma	atter to the following:		
	JOSE M. PEREZ NIEVES			
		Name of Contact Person	1	
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		Firm/ Company		
	524 MID FLORIDA DR STE 201			
	Address			
	ORLANDO, FL 32824			
		City/ State and Zip Cod	e	
	jose@prpackersorlando.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	a concerning this matter, plea		<u>, 701-6417</u>	
Name of Contact Person		at (707 Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 ⁴ Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divis P.O.	ing Address / ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee L Monroe Street, Suite 810	

Tallahassee, FL 32303