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R. WHITE.

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Fyffes Inc.			
DOCUMENT NUM				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Tim Henkel, Esq.			
	Henkel & Cohen, P.A.	Name of Contact Person	n	43
	7480 S.W. 40th Street, Suite	Firm/ Company		#3 Fystes
		Address		
	Miami, FL 33155	City/ State and Zip Cod	<u> </u>	
For further informatio	tdh@miamibusinesslitigators E-mail address: (to be usen concerning this matter, please	sed for future annual report	notification)	
Tim Henkel	g		971-9474 ode & Daytime Tel	
Name	of Contact Person	Area Co	de & Daytime Tel	ephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Certificate of Certified Cop (Additional C is enclosed)	Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303		see

Articles of Amendment Articles of Incorporation of

Fyffes Inc.			_
(Name o	of Corporation as currently	filed with the Florida Dept. of State)	
S88177			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Clorida Profit Corporation adopts the following amend	lment(s) t
A. If amending name, enter the new na	ame of the corporation:		
		TI.	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Torp," "Inc," or "Co". A	The nonpany," or "incorporated" or the abbreviation "Corporated" or the abbreviation "Corporation name must contain the wo	new p., " ord
B. Enter new principal office address, (Principal office address MUST BE A S			_
			_
			_
C. Enter new mailing address, if apple	icable:		
(Mailing address MAY BE A POST)			_
			_
			_
D. If amending the registered agent ar	id/or registered office addre	ess in Florida, enter the name of the	
new registered agent and/or the new			
Name of New Registered Agent	Timothy D. Henkel		
	7480 S.W. 40th Street, Suite	: 450	
	(Florida stre	et address)	
New Registered Office Address:	Miami	. Florida 33155	
The Market Control of the Control of	(City) (Zip Code)	_
New Registered Agent's Signature, if c	hanging Registered Agent:	ith and accept the obligations of the position.	
i nereny accepi ine appointment as regist	erea agent. Tam jaminar w.	an and accept the omigations of the position.	
	Signature of New Re	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)

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 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	P, D	Enda Walsh	999 Ponce de Leon Blvd.
Add			Suite 900
X Remove			Coral Gables, FL 33134
2) Change	P	Philip Harty (also D, T & CFO)	1751 SW 8 Street
X Add			Pmpano Beach, FL 33069
Remove 3) Change	D	Bos Coen	Marconistraat 19
•			Rotterdam
Add X Remove			The Netherlands 30-2ac AF
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
P. america			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
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	and a second charge
an amendment provides for an excu- provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	<u></u>
	

The date of each amendment(s) adoption:
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
(voting group)
April 2, 2021 Dated Signature Signature The state of th
(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, trustec, or other court appointed fiduciary by that fiduciary)
Philip Harty
(Typed or printed name of person signing)
President and Director
(Title of person signing)