1200025536

(Re	equestor's Name)	
· (Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL .
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Amend

NOV 1 3 2012

T. LEWIS

COVER LETTER .

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Asante	Organics, inc.	
DOCUMENT NUMBER: P1200002	5536	
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning to	his matter to the following:	
	Elsa Owen	
	Name of Contact Person	1
Asante Org	anics, inc.	
	Firm/ Company	
677 Milar	n Dr.	
	Address	
Kissimmee, F	lorida 34758	
	City/ State and Zip Code	•
_asanteorganics@		
E-mail address: (to	o be used for future annual report	notification)
For further information concerning this matter	r nlagra call:	
roi tutuei information concerning this matter	, picase can.	
Elsa Owen	_{at (} 239	440 5554 de & Daytime Telephone Number
Name of Contact Person	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 S43.75 Filing Fee Certificate of St		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations	Amend	Address Iment Section on of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton	Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

FIL	\mathcal{E}_D
2012 NOV 12	_
SECRETARY CALLAMASSEE,	FLORIDA

Asante Organics, inc

(Name of Corporation as currently filed with the Florida Dept. of State)

P12000025536

(Document Number of Corporation (if known)

nt(s) to

	ame of the corporation:		
NA			
ame must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	nation "Corp," "Inc," or '	on," "company," or "incorporated" or the "Co". A professional corporation name must "P.A."	
Enter new principal office address,	if applicable:	Elsa Owen (NEVV C	
incipal office address <u>MUST BE A STREET ADDRESS</u>)		677 Milan Dr.	
		Kissimmee, Florida 34758	
Enter new mailing address, if appl (Mailing address MAY BE A POST		677 Milan Dr.	
(maning and ess MAT DE A LOST	OTTICE BOX		
		Kissimmee	
		Florida 34758	
new registered agent and/or the ne		Florida 34758	
	w registered office address	Florida 34758	
new registered agent and/or the ne	Elsa Owen 677 Milan 🗟 🗸	Florida 34758	
new registered agent and/or the ne	Elsa Owen 677 Milan 🗟 🗸	Florida 34758 ress in Florida, enter the name of the s:	

Page 1 of 4

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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Joi	nes	
X Add	<u>sv</u>	Sally Sm	<u>tith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	Р		Kyei- Baafour, Edmund	3031 Greyheron ct.
Add X Remove				Fort Myers Fl. 33903
2) Change	P		ELSA OWEN	677 Milan Dr
Add	PRE	5108	INT, CEO.	K1331MMEE The 34758
3) Change	 	_		
Add				
4) Change		_		
Remove				
5) Change		<u>. </u>		
Add				
6) Change				
Add				
Remove				

N I A	. (Be specific)
NA	
· · · · · · · · · · · · · · · · · · ·	
W-	
f an amendment provides for an exe	change, reclassification, or cancellation of issued shares,
f an amendment provides for an exe provisions for implementing the am (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
provisions for implementing the am	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
provisions for implementing the am	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
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provisions for implementing the am	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
provisions for implementing the am	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:

The date of each amendment(s) adoption:
Effective date if applicable: 11- 07 12
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
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)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 1//07/12
Signature Ela Quer
(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)
ELSA OWEN
(Typed or printed name of person signing)
president (perspective)
(Title of person signing)