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COVER LETTER

Division of Corporations
NAME OF CORPORATION: The LaBeura Farms, Inc. DOCUMENT NUMBER: 292015
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Diane K. Dorman Name of Contact Person The La Beum Farms, Inc. Firm/ Company 119 S. Fifth Street Address Macclenny FL 32043 City/ State and Zip Code tdsdorman Onefcom. net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Diane K. Dorman at 904 838-8582 Name of Contact Person at Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

OI	رع 📜
The La Beuna Farms Inc.	
(Name of Corporation as currently filed with the Florida Dept. of State)	15
292015	ين
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following among the Articles of Incorporation:	endment(s) t
A. If amending name, enter the new name of the corporation:	
The	. new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbre "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must conto word "chartered," "professional association," or the abbreviation "P.A."	viation . ain the
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	<u></u>
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
). If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent Dione R. Dorman 115 S. Fifth Street	
(Florida street address) New Registered Office Address: Maccleny, Florida 320 (City), (City), (City), (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Diane X. Dorman	·

Signature of New Registered Agent, if changing

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	James W. Knabb Jr	115 S. Fifth St. Macclenny, Fl 3200
Add			Macclenny, FL 3200
Remove	_		
2) Change	<u>P</u>	George W. Knabb	115 S. Fifth St. Macclenny, FL 3206
X Add			Maccienny, FL 3346
Remove			
3) Change			
Add			
Remove			
4) Change			***************************************
Add			
Remove			
5) Change	*************************************		······································
Add			
Remove			
6) Change			
Add			
Damaua			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself. (if not applicable, indicate N/A)	If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
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	If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis

The date of each amendment(s) adoption: date this document was signed.	9-	18-	17		, if other than the
Effective date <u>if applicable</u> :	q - (no more the	19 – an 90 days	17 after amend	lment file date)	
Note: If the date inserted in this block does redocument's effective date on the Department of			tatutory filir	ng requirements, this	s date will not be listed as the
Adoption of Amendment(s) (CF	IECK ONE)				
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		The numb	er of votes c	east for the amendme	ent(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting					lemeni
"The number of votes cast for the ame by The La Beuna +					5
☐ The amendment(s) was/were adopted by the action was not required.	board of direct	tors withou	ut shareholde	er action and shareh	older
☐ The amendment(s) was/were adopted by the action was not required.	incorporators	without sh	areholder ac	tion and shareholder	г
	orporator – if i	n the hand	directors or	officers have not be er, trustee, or other o	
	Typed or print	ted name o		orman	
	Secre	tare	on signing)		