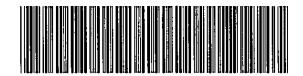


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Anand

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Okeechobee Ag Ventt			
N12 DOCUMENT NUMBER:	000000585			
The enclosed Articles of Amend	ment and fee are subm	itted for filing.		
Please return all correspondence	concerning this matter	to the following:		
April D Butler				
	(Name of Contact Persor	n)	
Okecchobee Ag Venture				
		(Firn/ Company)		
PO BOX 2287				
		(Address)		
Okeechobee, FL 34973				
	(City/ State and Zip Cod	e) :	
okeechobeeagventure@gmail.ec	om		·	V
E-ma	il address: (to be used	for future annual report	notification)	
For further information concerni	ng this matter, please c	all:		
April Butler		86. at		
(Na	me of Contact Person)		rea Code) (Daytime Telephone Nur	nber)
Enclosed is a check for the follo	wing amount made pay	able to the Florida Depa	artment of State:	
	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 Addr Amendment S Division of Co P.O. Box 6327 Tallahassee, F	ection orpotations 7	Amene Divisio Clifton 2661 I	Address Innent Section on of Corporations of Building Executive Center Circle massee, FL 32301	

Articles of Amendment to Articles of Incorporation of

		of		
OKEECHOBEE COUNTY AG-VENTURE, INC	•			
(Name of Corporation	as currei	ntly filed with the Florida Dept.	of State)	
N12000000585			_	
(Docur	nent Numb	per of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statut	es, this <i>Florida Not For Profit C</i> o	orporation adopts the	following
A. If amending name, enter the new name of the	e corporat	tion:		
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ution" or "incorporated" or the a	bbreviation "Corp." c	_The new or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI				. <u>.</u>
)		NOV.
		N-74		- 7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	PO Box 2287	17 70 12 12 14 14	PH 12:
,		Okeechobee, FL 33857		(3)
D. If amending the registered agent and/or regi			name of the	
new registered agent and/or the new register				
Name of New Registered Agent:	April D Butler			
	269 NW 9th Street			
New Registered Office Address:		(Florida street	address)	
New Negation of Office Manness.	Okcecho	bee	33857	
	(City)		, Florida (Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		l Agent:	ttions of the position.	

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 X Remove X Add	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	April D Butler	269 NW 9th street
X Add			Okeechobee, FL 34972
Remove			
2) Change	D	Melissa Syfret	3079 NW 8th St
X Add			Okeechobee, FL 34972
Remove 3) Change Add	<u>D</u>	Murphy, Courtney	452 US Highway 98 North OKEECHOBEE, FL 34972
X Remove 4) X Change —— Add —— Remove	<u>s</u>	Larson, Colleen	452 US Highway 98 North OKEECHOBEE, FL 34972
5) Change Add Remove			
6) Change Add Remove	yamanga kampun		



E. If amending or adding additional Arti- (attach additional sheets, if necessary).	icles, enter change(s)	<u>here</u> :		
(attach additional sheets, if necessary).	(Be specific)			
N-A				
N-A				
 .		<u> </u>		
				
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All Pill				<u> </u>
				
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Photodorough and a many language (a) and as	8-15-18	, if other than the
The date of each amendment(s) adoption this document was signed.	Mon.	, it other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block locument's effective date on the Depa	does not meet the applicable statutory filing requirements, this date will artment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adoption was/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(s)	
There are no members or member adopted by the board of directors	rs entitled to vote on the amendment(s). The amendment(s) was/were s.	
Dated 11/5/2018		
Signature MA	0 870	
have not been	an or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	
April Butle	:r	
	(Typed or printed name of person signing)	
Director		
	(Title of person signing)	