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Office Use Only



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SECRETARY OF STATE
TALL FRANCES SEE, FL

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COVER LETTER

Division of Corporations Indianwood Co-op NAME OF CORPORATION: N12000000831 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kon Carry Linda Kickles Indian wood Co-op 16336 Sw Indianwood E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filling hee Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FI, 32301

Articles of Amendment

to

Articles of Incorporation

	of 4
Indignio	od Co-up Inc.
(Name of Corporation as cu	rrently filed with the Florida Dept, of State)
A)20	00000831
	umber of Corporation (if known)
	·
Pursuant to the provisions of section 617,1006, Florida St amendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:
	The new
name must be distinguishable and contain the word "core	ooration" or "incorporated" or the abbreviation "Corp," or "Inc."
"Company" or "Co," may not be used in the name.	, , , , , , , , , , , , , , , , , , ,
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRI	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	第三
(Maning marcos <u>Mari 192.11 (Mari 1971)</u>	
	FF 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
 If amending the registered agent and/or registered new registered agent and/or the new registered off 	
Name of New Registered Agent:	
New Registered Office Address:	(Ulorida street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registy the appointment as registered agent. I a	ered Agent: m familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing
	inginiance of rien registered rigent, if endinging

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, at 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 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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	$\underline{V} = \underline{Mik}$	n Doe e Jones y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1)Change	D	Jegn C. Forbes	16336 SU Inchanged Co Indiantary FL 34956
Add Remove			Indian Para I C 1975
2) Change Add		Jean H. Comptoni	16336 Sw Indian wood (Indian town FL 34956
Remove			<u> </u>
3) Change Add			
Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add	***************************************		
Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
	
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	date of each amendment(s) adoption: MAY 3 2019 if other than
	tive date if applicable: (no more than 90 days after amendment file date)
	1 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
Ade	otion of Amendment(s) (<u>CHECK ONE</u>)
中	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Dated 6-7-2019
	(By the chairman of vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	CO-op President (Title of person signing)