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C. GOLDEN JUN 12 2019

COVER LETTER

TO: Amendment Section Division of Corporations

¿...

NAME OF CORPORATION: Santa Rosa Farmers Market Association, Inc
DOCUMENT NUMBER: _N 1500000310108
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert F. Knowses (Name of Contact Person)
Santa Rosa Farmers Market (Firm/Company)
P.O.BOX 207 (Address)
(City/ State and Zip Code)
farmers market santa rosoco ama: 1. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call;
Robert Knowles (Name of Contact Person) (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 Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address

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, FL 32301

Articles of Amendment

to

Articles of Incorporation of

Santa Rosa Farmer	s Market As	sociation inc
(Name of Corporation as	currently filed with the Flo	rida Dent, of State)
N1500000 310108		
(Documen	t Number of Corporation (if l	(nown)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida Not Fe</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation;	
NIA		The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incorporate	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	# _D/B	
D. If amending the registered agent and/or register new registered agent and/or the new registered		enter the name of the
Name of New Registered Agent:	UB	
<u> New Registered Office Address:</u>	(F	lorida street address)
	2/2	
	(City)	, Florida (Zip Code)
	•	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		t the obligations of the position.
	n a	tered Agent, if changing
	Signature of New Regis	tered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 Chang-Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change X_Remove X_Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) V Change	NC_	Mary Buckno Dadle	10-316 BillorEERd.
Add			Pace, FL 32571
Remove			
2) Change	_5_	PEGGY Marie Smith	5565 Inspiration St
Add			M:Hay FL 32570
Remove			
3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change		nla	
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here:					
(attach additional sheets, if necessary). (Be specific)					
Dla					
$\mathcal{A}_{\mathcal{A}}$					
					
					
					

	this document was signed.	, if other than i
Effe	(no more than 90 days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records.	listed as the
Ade	option of Amendment(s) (CHECK ONE)	
Z	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.	
	Signature Robert F. Locules (By the chairman or 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) Robert F., Low E. (Typed or printed name of person signing)	
	(Title of person signing)	