

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



500317539035

08/24/18--01004--004 **43.75

TALLAND CHARGEATION

18 AUG 24 AM 9: 35

2010 AUG 24 AH 9: 59

C. GOLDEN AUG 2 4 2018

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Vitamin C	by Citrus Elite 1NC		
DOCUMENT NUMBER: N 170000042			
The enclosed Articles of Amendment and fee are submit	ted for filing.		
Please return all correspondence concerning this matter t	o the following:		
Kristi J. Cobb			
4)	Jame of Contact Person)		
	(Firm/ Company)		
822 FLORAL St.			
	(Address)		
Tallahassee Fi 3	52310		
(0	City/ State and Zip Code)		
Kristi J Cobba vaho	O. Chm		
Krist J Cobb Q Yahoo. Com E-mail address (to be used for future annual report notification)			
For further information concerning this matter, please ca	II:		
-			
Krist J. Cobb	2 850 251-4243		
(Name of Contact Person)	at \$50 251-4243 (Area Code) (Daytime Telephone Number)		
Enclosed is a check for the following amount made paya	ble to the Florida Department of State:		
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐	\$43.75 Filing Fee & \$\Bigsiz\$\$ \$\		
Certificate of Status	Certified Copy Certificate of Status		
	(Additional copy is Certified Copy		
	enclosed) (Additional Copy is Enclosed)		
Mailing Address Amendment Section	Street Address Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327 Clifton Building			
Tallahassee, FL 32314 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

2018 AUG 24 AM 9: 5. Vitamin C by Citrus Elite INC (Name of Corporation as currently filed with the Florida Dept. of State) Louis TAR 1 OF STATE ALL AHASSEE, FLORIDA N17000004270 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" 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 ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. 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: (Florida street address) New Registered Office Address: _. Florida _____ (Zip Code) (City) 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. 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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

If amending or adding ad (attach additional sheets, if	necessary). (B	e specific)			
	-				
	·				
		<u></u>			
· · · · · ·					
				<u>. </u>	
	 .	·			
					_
					 ••
		<u>. </u>			 _
	·				
· · · · · · · · · · · · · · · · · ·					
					 <u></u>
					 -

The date of each amendment(s) ad late this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adwas/were sufficient for approva	lopted by the members and the number of votes cast for the amen l.	dment(s)
There are no members or membadopted by the board of directors	pers entitled to vote on the amendment(s). The amendment(s) was s	s/were
Dated 8 2	1/18	
Signature	ust a. Com	
(By the chair have not bee	man or vice (hairman of the board, president or other officer-if den selected, by an incorporator – if in the hands of a receiver, trust appointed fiduciary by that fiduciary)	
	Kristi J. Cobb	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	