N18000009454

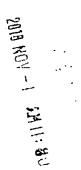
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:





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COVER LETTER

Ella Non TO: Amendment Section Division of Corporations US Hemp Cooperative, Inc NAME OF CORPORATION: N18000009454 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Linda Bell Harrell (Name of Contact Person) US Sustainable Agriculture Cooperative, Inc. (Firm/ Company) 5151 SW 105th Ave (Address) Cedar Key, FL 32625 (City/ State and Zip Code) lindabell001@outlook.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 949-9211 Linda Bell Harrell (Area Code) (Name of Contact Person) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & ■\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

US Hemp Cooperative, Inc		
(Name of Corporation as current	ly filed with the Flo	rida Dept. of State)
N18000009454		
(Document Number	er of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not Fe</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:	
US Sustainable Agriculture Cooperative, Inc.		The new
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	ion" or "incorporate	
B. Enter new principal office address, if applicable:	5151 SW 105th Ave	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Cedar Key, FL 3262	5
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac		, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(F	lorida strect address)
		, Florida
	(Citv)	(Zip Code)

Page 1 of 4

Signature of New Registered Agent, if changing

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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: \underline{X} Change \underline{X} Remove \underline{X} Add	<u>V</u> <u>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Joseph Heinzman	PO Box 257
x Add			Land O' Lakes FL 34639
Remove			
2) Change			
Add			
Remove			
3) Change			
Add Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional she	ng additional Articlets, if necessary).	(Be specific)				
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The date of each amendment(s) add	ption:, if other than t	.h
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add was/were sufficient for approval	pted by the members and the number of votes cast for the amendment(s)	
There are no members or members adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were	
Dated	7/29/2018 - 10/21 P 20/18/19 D A 20/19	
Signature VIII	Ca Desploise	
have not been	nan or vice chairman of the board, president or other officer-if directors is selected, by an incorporator – if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary)	
Linda Bel	Harrell	
	(Typed or printed name of person signing)	
Director		
**************************************	(Title of person signing)	