N2000005225

(Requestor's Name)
(Address)
(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:

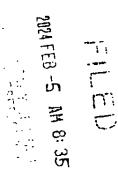
Office Use Only



000423193190

02/05,24~~01025~~005 **43.73

N/C Amend



A. RAMSEY FEB 22,2024

COVER LETTER

Division of Corporations	•
NAME OF CORPORATION: Metropolitan Founda	tion of Citius Inc
DOCUMENT NUMBER: N2000005225	·
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Teresa Alexander	
(Name of Contact Person)	
(Firm/ Company)	
P.O. Box 367	
(Address)	
Hernando FL 34441	
(City/ State and Zip Code)	
letsfeldcitrus a gmail. com E-mail address: (to be used for future annual report notific	cation)
For further information concerning this matter, please call:	
Teiesa Alexander (35.	2) 344-2425
(Name of Contact Person) (Area Co	ode) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department	nt of State:
Certificate of Status Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy Additional Copy is Enclosed)

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

FILED

Metropolitan Foundation	or of	City	us Inc	. 2024 F	E8 -5 AM 8: 35
Name of Corporation as currently filed with the Florida	a Dept. of S	State)		CVCTI	
N20000005225				ř.	The second
(Document Num	nber of Cor	poration (if	known)		
Pursuant to the provisions of section 617.1006, Florida Statuamendment(s) to its Articles of Incorporation:	utes, this $m{F}$	lorida Not F	or Profit Col	rporation	adopts the following
A. If amending name, enter the new name of the corpor					
Let's Feed Citrus Inc.					The new
name must be distinguishable and contain the word "corpor	ration" or	"incorporate	ed" or the ab	breviatio	n "Corp." or "Inc."
"Company" or "Co." may not be used in the name.			NIA		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES			17/11		
(Principal office address MOST BL A STRUCT ADDRES	<u></u>				
			, 1 ^	-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			N/A		
					
					<u> </u>
D. If amending the registered agent and/or registered of	ffice addre	ss in Florid	a, enter the i	name of	<u>the</u>
new registered agent and/or the new registered office	<u>e address:</u>		K. 1.7	١.	
Name of New Registered Agent:			<u> </u>	<u>1</u>	
		(Florida street aa	ldress)	
New Registered Office Address:					
	(Cin)			, Flor	ida ip Code)
	(City)			(ZI	p coue,
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am	ed Agent:	ith and accer	at the obligat	ions of th	ne position
i nereny accept the appointment as registered agent. I am	jaminar wi	ин ана ассер	A Int Oongu	ons of m	e pranon
-	Signature	of New Regi	stered Agent.	if chang	ing

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 A Add	PT John Do V Mike Jo SV Sally St	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add		N/A	
Remove		N/A	
2) Change Add		10//(
Remove 3) Change Add		N/A	
Remove 4) Change Add		N/A	
Remove		NUA	
5) Change Add		N/A	
Remove		N/A	
6) Change Add			
Remove			
E. If amending or additional shee	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	
			· · · · · · · · · · · · · · · · · · ·

-				
				· · · · · · · · · · · · · · · · · · ·
	<u> </u>		<u> </u>	
				
	<u> </u>			
			··	
<u> </u>				
				
		-		
				
				
				
		Ν Ι/Λ		
The date of each amendment(s) adoption	n:	19/F1		, if other than the
date this document was signed.	N/A			
Effective date if applicable:	(no more than 90 days			
	(no more than 90 days	after amendment file	date)	
Note: If the date inserted in this block document's effective date on the Department	es not meet the applicatent of State's records.	ble statutory filing req	uirements, this date will	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and th	ne number of votes ca	st for the amendment(s)	

and the first of	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
$\frac{01/30/2024}{}$	
Signature Olehander	
(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)	
Tetesa Alexandet	
(Typed or printed name of person signing)	
Vice President	
(Title of person signing)	