N2300005561

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	Inc		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	omitted for filing.		
Please return all correspondence concerning this mat-	ter to the following:		
Laureen Husband			
	(Name of Contact Pers	son)	<u> </u>
Just Food Network, Inc.			
	(Firm/ Company)		
1336 Silver Street			
	(Address)		
Jacksonville, FL 32206			
	(City/ State and Zip Co	ode)	
Laureen.Husband@gmail.com			
E-mail address: (to be use	d for future annual repo	rt notification)
For further information concerning this matter, pleas	e call:		
Laureen Husband		352	284-0211
(Name of Contact Perso	n) (Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida De	epartment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ame Divi	et Address endment Secti sion of Corpo Centre of T	prations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Just Food Network, Inc		
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
N23000005561		
(Document	Number of Corporation (if kr	nown)
Pursuant to the provisions of section 617.1006. Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	r Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporatea	The new or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	<u>:</u> RESS)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO.</u>	<u>X</u>)	
D. If amending the registered agent and/or register new registered agent and/or the new registered of the new	red office address in Florida, office address:	enter the name of the
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
<u>New Registered Office Address</u> :	(FI	orida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		the obligations of the position.
	Signature of New Regist	ered 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 Doo Mike Jor Sally Sm	nes	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change Add		_		
Remove				
2) Change Add		_		
Remove 3) Change Add Remove		_		
4) Change Add		_		
Remove				·
5) Change Add		_		
Remove				
6) Change Add		_		-
Remove				
E. If amending or additional sheet			cles, enter change(s) here: (Be specific)	
Under Article III After "	<u>TO GRO</u>	W AND S	SUPPORT COMMUNITY-BASED GOOD F	OOD SYSTEMS THA:
HEALTHY, FAIR, CUL	TURAL	LY APPR	OPRIATE & ACCESSIBLE TO ALL WITH	IN AN EMPHASIS ON
A RESILIENT & SUST	AINABL	<u>E LOCAI</u>	FOOD SYSTEM" add	
Just Food Network is or	ganized e	xclusively	for charitable, religious, educational, and sci	entific purposes, includi
nurnoses, the making of	distributi	ons to org	anizations that qualify as exempt organization	ns described under Section

of the Internal Revenue Code, or corr	esponding section of any f	uture federal tax code.		
Upon dissolution of the organization,	assets shall be distributed	for one or more exemp	ts purposes within the mea	ning
of Section 501(c)3 of the Internal Rev	enue Code, or correspond	ing section of any futur	e federal tax code, or shall	be
distributed to the federal government.	or to a state or local gove	rnment, for a public pui	rpose.	
				
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				-
The date of each amendment(s) add	option: 3/13/2024			if other than the
date this document was signed.				
Effective date if applicable:		rs after amendment file	date)	
Note: If the date inserted in this bloc document's effective date on the Dep			juirements, this date will no	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
☐ The amendment(s) was/were adwas/were sufficient for approval		the number of votes ca	st for the amendment(s)	

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 3/13/2024
Signature (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)
Laureen Husband
(Typed or printed name of person signing)
Chief Executive Officer

(Title of person signing)

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