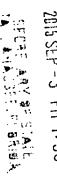
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C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

Harvest Time International, Inc. NAME OF CORPORATION:			
DOCUMENT NUMBER: N94000005739			
The enclosed Articles of Amendment and fee	e are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
Andre Smolinsky			
	(Name of Contact Person)		
Harvest Time International, Inc.			
	(Firm/ Company)		
225 N Kennel Rd.			
	(Address)		
Sanford, F1. 32771			
	(City/ State and Zip Code)		
andre@harvesttime.org			
E-mail address: (to	o be used for future annual report notification)		
For further information concerning this matte	er, please call:		
Andre Smolinsky	407 328-9900 at		
(Name of Contact	ct Person) (Area Code) (Daytime Telephone Number)		
Enclosed is a check for the following amount	t made payable to the Florida Department of State:		
□ \$35 Filing Fee ■\$43.75 Filin Certificate o	g Fee & S43.75 Filing Fee & S52.50 Filing Fee of Status Certified Copy (Additional copy is enclosed) S52.50 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

PILED

Articles of Amendment to Articles of Incorporation of

SECHELARY DE STALE

Harvest Time International, Inc.

(Name of Corporation a	s currently filed with the Flor	rida Dept. of State)
N94000005739		
(Docume	ent Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation:	da Statutes, this Florida Not Fo	er Profit Corporation adopts the following
A. If amending name, enter the new name of the o	corporation:	
n/a		The new
name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name.	"corporation" or "incorporated	
B. Enter new principal office address, if applicab	n/a le:	
(Principal office address <u>MUST BE A STREET AD</u>		
		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<i>OX</i>)	
		
D. If amending the registered agent and/or regist		enter the name of the
new registered agent and/or the new registered	d office address:	
Name of New Registered Agent:	n/a	
New Registered Office Address:	(F	lorida street address)
	n/a	
<u>-</u>		, Florida (Zip Code)
	(City)	(zip Code)
New Registered Agent's Signature, if changing Re		
I hereby accept the appointment as registered agent.	I am familiar with and accept	the obligations of the position.
_	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, 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
t) X Change	TD	Andre Smolinsky	225 N Kennel Rd
Add			Sanford, FL 32771
Remove			
2) Change	SD	Daniel Ting	225 N Kennel Rd
X Add			Sanford, FL 32771
Remove			
3) Change		-	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		-	
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:	
(attach additional sheets, if necessary). (Be specific)	
n/a	
11/4	
The state of the s	
•	

The date of each amendment(s) add date this document was signed.	4/29/2015 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 bloc document's effective date on the Department.	k does not meet the applicable statutory filing requirements, this date will nartment of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)	
There are no members or member adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were s.	
9/2/2015 Dated		
Signature	Mr & Machin	
(By the chairn have not beer	nan or vice chairman of the board, president or other officer-if directors in selected, by an incorporator — if in the hands of a receiver, trustee, or populated fiduciary by that fiduciary)	
Andre Sm	olinsky	
	(Typed or printed name of person signing)	
TD		
	(Title of person signing)	