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SECRETARY OF STATE TALLEAHASSEE, FLORIDA

SEP 1 5 7017 T. LENNEUX



COVER LETTER

TO: Amendment Section Division of Corporations LEET CREST FARM INC NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: bchauling abl. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: HINKY WIEWSOZA. at 352 843-8681

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **5**\$43.75 Filing Fee & S35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

(Additional copy is

enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(Additional Copy is enclosed)

Articles of Amendment

to

Articles of Incorporation Fleet Crest FARM Fuc.
(Name of Corporation as currently filed with the Florida Dept. of State) 03000018227 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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: (City) (Zip Code) 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.

X Change	<u>PT</u>	John Doe					
X Remove	¥	Mike Jones					
X Add	<u>sv</u>	Sally Smith					
Type of Action (Check One)	Title	<u>Name</u>	Address				
1) Change A\$	ST Tre	PASHER EUGENE ZEEK	4684570D Fl. 32668				
Add			HOLRISTON Fl. 32668				
X Remove							
2) Change							
Add							
Remove							
3) Change							
Add							
Remove			*				
4) Change							
Add							
Remove							
5) Change							
Add							
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6) Change							
Add							
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ach additional sheets, if necessary).	(Be specific)			
				
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amendment provides for an excha	nge, reclassificat	on, or cancellat	ion of issued	shares.
visions for implementing the amen (if not applicable, indicate N/A)	dment if not cont	ained in the am	endment itse	<u>lf:</u>
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PINKY ME, Lance B. Zo	UNOZH EEK	1%		SHARE
PINKY ME, Lance B. Zo	UNOZH EEK	1%		SHARE

The date of each amendment(s) adoption:	_, if other than th
Effective date if applicable: Sept 07 2017 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court	-
appointed fiduciary by that fiduciary)	
PINKY MENSO 2A. (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President.	
(Title of person signing)	· · · · · ·