## P03000060497

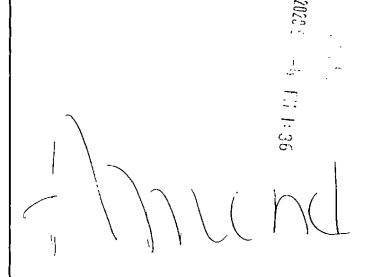
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## COVER LETTER

TO: Amendment Section . Division of Corporations NAME OF CORPORATION: TRC Farm & Industrial Supply, Inc P03000060497 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jennifer Robinson Name of Contact Person TRC Farm & Industrial Supply, Inc. Firm/ Company 1024 Railroad St Address Belle Glade, FL 33430 City/ State and Zip Code jennifer@trcsupply.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jennifer Robinson at (561 ) 993-3332

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to

Articles of Incorporation of

TRC	Fam + Iho	Lustrial Suppli	1 Trc			
		Corporation as currently		ept. of State)		
	Po	3000060497				
		(Document Number of	Corporation (if known)			
Pursuant to the provits Articles of Incor		006, Florida Statutes, this F	lorida Profit Corporation	adopts the follo	owing amendn	nent(s) to
A. If amending na	ime, enter the new na	me of the corporation:				
					The ne	.w
"Inc " or Co., " o	r the designation "C	the word "corporation," "co orp," "Inc," or "Co". A or the abbreviation "P.A."				
	icipal office address, i ddress <u>MUST BE A ST</u>					
	iling address, if appli ss <u>MAY BE A POST (</u>				2026	
						. ••
new registered		d/or registered office addre registered office address: Jenn, fer R		name of the	7: 36	
<u>Mame of N</u>	ew negmereu ngem	1520 NE 40	ith Ano		~	
		(Florida stree	et address)			
Nav. Pagis	tered Office Address:	Okeachobee		, Florida 3	4972	
New Regis	ierea Office Adaress.		City)		Zip Code)	
New Registered A: I hereby accept the	gent's Signature, if ch appointment as registe	red agent. I am familiar wi	th and accept the obligati		on.	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	Kathryn C Cook	13433 LaMirada Cir
Add			Wellington, FL 33414
X Remove			
2) Change	PT	Jennifer Robinson	1520 NE 40th Ave
X Add			Okeechobee, FL 34972
Remove 3 ) Change	VS	Tyler Robinson	Okeechobee, FL 34972
X Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
-	

The date of each amound		8127	120	, if other than the
The date of each amend date this document was si				, it other than the
Effective date <u>if applical</u>	8/27/20	'	•	
Effective date it applicat	(no m	ore than 90 days o	ifter amendment file a	late)
	d in this block does not meet on the Department of State's		atutory filing requirer	nents, this date will not be listed as the
Adoption of Amendmen	t(s) (CHECK C	ONE)		
☐ The amendment(s) wa action was not require		orators, or board of	f directors without sha	areholder action and shareholder
	s/were adopted by the sharehous/were sufficient for approve		er of votes east for the	amendment(s)
• •	s/were approved by the share ovided for each voting group			<del>-</del>
"The number of	votes cast for the amendment	(s) was/were suffic	cient for approval	
by	(voting gro		<u> </u>	
	(voting gro	up)		
Dated_	8/27/2 re Kathryn (	0		
Signatu	Kathrum (	! Cook		
Signatu	<ul> <li>(By a director, president or</li> </ul>	other officer – if of		
	selected, by an incorporate appointed fiduciary by tha		of a receiver, trustee,	or other court
		,	1 1	
		thyn CC		
	(Typed	or printed name of	person signing)	
	Ru	esident		
	(Title o	f person signing)		