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COVER LETTER

The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$43.75 Filing Fee & 52.50 Filing Fee \$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

TO: Amendment Section

Division of Corporations

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

is enclosed)

Articles of Amendment to

1	Articles of Incorporation)n	ILED -	
Southern Pr	nls syth	[Maka		
(Name of Cor	poration as currently filed wi	th the Florida Dept	/ - 8 3: 15	
0-1 -500	00:			
1000000	Document Number of Corporat	ion (ich That Alf	ATT LAND GROWER TO SECURE	
,	boddinent ivalued of Corporat	ion (ii khown)		
ursuant to the provisions of section 607.1006, s Articles of Incorporation:	Florida Statutes, this <i>Florida P</i>	rofit Corporation ad	opts the following amendme	:nt(s)
. If amending name, enter the new name of	the corporation:			
ame must be distinguishable and contain th	a word "cornection" " com	nany " or "incorne	The new	
Corp.," "Inc.," or Co.," or the designation 'vord" chartered," "professional association,"	"Corp," "Inc," or "Co". A p	pany, or morpora	tion name must contain the	
. Enter new principal office address, if appl	icable			
Principal office address MUST BE A STREE				
			<u> </u>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFIC	<u>.E BOX</u>)			
. If amending the registered agent and/or re		rida, enter the nam	e of the	
new registered agent and/or the new regis	tered office address:			
Name of New Registered Agent				
	(Florida street address	.,		
	THE POST AND SERVED ASSESSED.	,		
New Registered Office Address:	(0:.)	,	Florida	
	(City)		(Zip Code)	
lau Basidaaad Aasada Gaastaa K				
lew Registered Agent's Signature, if changin	g Registered Agent:	ecant the obligations	of the position	
nercoy accept the appointment as registered at	зет і ат јаттаг жип апа а	ьсері іне obligations	of the position.	
	Signature of New Registered	Agent if changing		
hereby accept the appointment as registered a	gent. I am familiar with and a Signature of New Registered		of the position.	

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 Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	\bot	Irisha A Akers	3721 Springwood Dr.
X Add			Naples FL 54104
Remove			
2) Change	 		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	10.000
1-111-4	
	
If an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) adopt	ion: 11/6/17	, if other than the
date this document was signed. Effective date if applicable:	(no more than 90 days after amendmen	nt file date)
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing rement of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	d by the shareholders. The number of votes cast fient for approval.	for the amendment(s)
	ed by the shareholders through voting groups. The hotoing group entitled to vote separately on the	
"The number of votes cast for	the amendment(s) was/were sufficient for approva	al
by	(voting group)	_·
action was not required.	d by the board of directors without shareholder ac	
Dated	117 111111	
(By a direction of the control of th	or, president or other officer – if directors or offi y an incorporator – if in the hands of a receiver, to fiduciary by that fiduciary)	
	Todd Akers (Typed or printed name of person signing	g)
	(Title of person signing)	