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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: THE C	RGANIC LEA,	RNING Co.		
DOCUMENT NUMBE	r: <u>9070</u>	00025187			
The enclosed Articles of	Amendment and fee are sul	omitted for filing.			
Please return all correspo	ondence concerning this mat	ter to the following:			
_	DARI	LENE COKER  Name of Contact Person			
	THE ORGI	ANIC LEARN Firm/ Company	ING CO.		
	1815 E. 4+H AVENUE				
		,			
	TAM	PA FL 33 City/ State and Zip Code	605		
	· •	City/ State and Zip Code	2		
	DAR L E-mail address: (to be us	ENE O ORGA	NICLEARN. COM		
For further information of	concerning this matter, pleas	se call:			
EILEEN	WOODSON	at (	) 909-7727 de & Daytime Telephone Number		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for t	he following amount made p	payable to the Florida Depa	artment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 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

#### Articles of Amendment

### lo Articles of Incorporation of

THE ORGANIC LEAR	NING COMPANY Inc.
(Name of Corporation as currently f	iled with the Florida Dept. of State
P070000	25187
(Document Number of C	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
₩/A	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.,	". A professional corporation name must contain the 4,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	1815 E. 4th AVENUE TAMPA, FL. 33605
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1815 E. 44h AVENUE TAMPA, FL 33605
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent LJ/4	
New Registered Office Address: 1815 E. 47	address)  LANE - TAMPA. Florida 336.05 (2)  (Zip Code)
(C	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
W/A	istered Agent, if changing
Signature of New Reg	istered Avent, 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> <u>Joh</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
<u>X</u> Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name PA	<u>Addres</u> s
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Add			
Remove			<del></del>
2) Change			
Add			
Remove			
3 ) Change			
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4) Change			
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5) Change			
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6) Change			
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	ets, if necessary).	<u>les, enter change(s)</u> (Be specific)			
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	ovides for an excha	inge, reclassificatio	n, or cancellation of i	ssued shares.	
f an amendment pro	menting the amen	dment if not conta	ined in the amendmer	t itself:	
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The date of each amendment(s) adoption:	5/16/18	, it other than the
date this document was signed.		
Effective date if applicable:	6/2/18	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Department	s not meet the applicable statutory filing requirements, this d of State's records.	late will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for the shareholders was/were sufficient for the shareholders.	the shareholders. The number of votes east for the amendment for approval.	(s)
☐ The amendment(s) was/were approved by must be separately provided for each vot	the shareholders through voting groups. The following statening group entitled to vote separately on the amendment(s):	nent
"The number of votes east for the ar	mendment(s) was/were sufficient for approval	
by	(voting group)	
(	(voting group)	
☐ The amendment(s) was/were adopted by (action was not required.	the board of directors without shareholder action and sharehold	der
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
Dated 57	116/18	
Signature	116/18	
	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other co	
	iary by that fiduciary)	
${\cal D}$	ARLENE COKER  (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	PRESIDENT_	
	(Title of second cioning)	<del>_</del>