P08000021635

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A. RAMSEY APR 162024

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Steve Williams Far	m & Produce Inc	
DOCUMENT NUM	D0900021425		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Stacy Lawrence		
		Name of Contact Person	1
	Steve Williams Farm & Prod	uce Inc	
		Firm/ Company	
	5025 Brent Knoll Lane		
	-	Address	
	Suwanee Georgia 30024		
		City/ State and Zip Code	<u> </u>
	stacylaw22@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	co cail:	
Tor further informatio	if concerning this matter, preas	se can.	
Stacy Lawrence		at (813	625-4663
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co	Address Iment Section In of Corporations In the Tallahassec J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

Steve Williams Farm & Produce Inc.

2024 MAR 20 AM 11: 36

Steve Williams Laint & Floduce Inc.		HD (1: 36	
(Name of Corporati	on as currently filed with the Fl	orida Dept: of:State).	
P08000021635		TALL AHARSER FLORES.	
(Docum	nent Number of Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this <i>Florida Profit Cor</i>	poration adopts the following amend	lment(s) t
A. If amending name, enter the new name of the co	orporation:		
		The n	iew
name must he distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbre	" or "Co". A professional cor		
B. Enter new principal office address, if applicable	••		
(Principal office address MUST BE A STREET ADD			<u> </u>
			_
	-		_
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		_
			_
			_
D. If amending the registered agent and/or register new registered agent and/or the new registered		iter 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:		, Florida	_
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent:	a abligacione of the manicion	
nereby accept the appointment as registered agent.	I am jamiliar with and accept the	e obligations of the position.	
	CAT D : 11	<u> </u>	
Sign	ature of New Registered Agent, if	changing	
Check if applicable			
once apparente			

☐ 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)

Example:

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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	DIR		Stacy Lawrence	5025 Brent Knoll Lane
X Add				Suwance GA 30024
Remove				
2) Change				
Add				_0000
Remove 3) Change				
Add				
Remove				
4) Change		<u> </u>		
Add				
Remove				
5) Change		_	 	
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary)	rticles, enter chang . (Be specific)			
				.
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f an amendment provides for an exprovisions for implementing the an (if not applicable, indicate N/A)	change, reclassific nendment if not co	ation, or cancellat ntained in the am	ion of issued share endment itself:	<u>s.</u>
				<u></u>
 	_			
<u> </u>		 		

		, if other than the
ate this document was signed.		
ffective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this ne Department of State's records.	date will not be listed as the
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholder a	ection and shareholder
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes east for the amendme ere sufficient for approval.	ent(s)
	e approved by the shareholders through voting groups. The following state d for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	N/A	
	(voting group)	
	•	
Dated	March 24,2024	
Signature	March 24,2024	
se	y a director, president or other officer – if directors or officers have not be lected, by an incorporator – if in the hands of a receiver, trustee, or other c spointed fiduciary by that fiduciary)	
·	Steve Williams	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	