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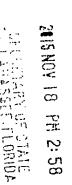
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TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: BethelEnvironme	entalinc.			
DOCUMENT NUMI	PO8000107100				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	William E. Nugent				
		Name of Contact P	'erson		
	BethelFarms,LLLP				
	•	Firm/ Compan	y '. ´		
	8780N.W. BethelFarmsRd	•			
		Address			
	Arcadia,Fl 34266				
	7 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10.	City/ State and Zip	Code		
willne	ugent@bethelfarms.com				
	E-mail address: (to be us	sed for future annual re	port notification)		
For further information	n concerning this matter, pleas	se call:			
David P. Carlton, Esq.		863 at (990-1571		
Name of Contact Person Area Code & Daytime Tele			lephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida	Department of State:		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certificate of	Status Dy Copy	
Mailing Address		<u>St</u>	reet Address		
Amendment Section		At	mendment Section		
	sion of Corporations	Division of Corporations			
	Box 6327	Clifton Building			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

BethelEnvironmentalInc. (Name of Corporation as currently filed with the Florida Dept. of State) PO8000107100 (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: BethelTriYield, Inc. new^j 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." Not applicable B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: Not 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: Not applicable Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida (City) 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 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)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add		_		
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

L. <u>If ame</u> Attach)	nding or adding additional A additional sheets, if necessar)	rticles, enter char). (Be specific)	ige(s) here:			
N/A						
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If an a	mendment provides for an exsions for implementing the ar	change, reclassifi	cation, or cancell	ation of issued sha	res.	
<u> </u>	f not applicable, indicate N/A)	<u>nenunent ii not e</u>	mameu m me ai	<u>nenament itseir:</u>		
/A						
				- 11 -		

		***************************************		·····		

The date of each amendment(s) date this document was signed.	, if other than the	
Effective date if applicable:		
.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
NOVEM Dated Signature	BER 12, 2015 Mg 4 hay	
(By a select	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	William E. Nugent	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	