P10000011770

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ECRETARY OF STATE LAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Green Ac	re Oraa	anics. I	nc	
DOCUMENT NUM	D1000011				
The enclosed Articles	of Amendment and fee are su	ıbmitted for fil	ing.		
Please return all corre	spondence concerning this ma	itter to the folk	owing:		
	Gina Cavaliero)			
		Name of C	ontact Persor		_
	Green Acre Or	ganics			
		Firm/	Company		
	26452 Richbar	n Rd.	-		
			dress		
	Brooksville, FL	. 34601			
		City/ State	and Zip Code	;	_
air	a@aquaponics	sassocia	ation o	ra	
9"	E-mail address: (to be us	sed for future a	innual report	notification)	
	•		•	,	
For further informatio	n concerning this matter, pleas	se call:			
Gina Caval	liero	at	352	,302 7395	
Name	of Contact Person			de & Daytime Telephone Num	ber
Enclosed is a check fo	r the following amount made	payable to the	Florida Depa	rtment of State:	
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified (Additional enclosed)	Copy Il copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi P.O	iling Address endment Section ision of Corporations Box 6327		Amend Divisio Clifton	Address ment Section n of Corporations Building	
Tallahassee, FL 32314		2661 Executive Center Circle			

Articles of Amendment to Articles of Incorporation of

Green Acre Organics, Inc.	
(Name of Corporation as currently filed with the Flor	rida Dept. of State)
P1000011770	
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatis</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
Green Acre Aquaponics, Inc.	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.	o". A professional corporation name must contain the
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: (Mailing address MAY BE A POST OFFICE BOX)	
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	
(Florida street	address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
	TAS X
Signature of New Registered Ag .	ent, if changing SECRETAL TANK

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
I) Change Add Remove				
2) Change Add Remove				
3) Change Add Remove				
4) Change Add Remove		_		
5) Change Add Remove			·	
6) Change Add Remove				

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)			
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			<u> </u>	
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an amendment provides for an exch rovisions for implementing the ame	ange, reclassificat	tion, or cancellat	ion of issued sh	ares,
(if not applicable, indicate N/A)	nament it not con	tained in the am	enument itseu.	

The date of each amendment(s) a	doption: 5/2/2012	
Effective date <u>if applicable</u> : 5/	2/2012	
	(no more than 90 days after amendment fi	ile date)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for ufficient for approval.	the amendment(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The fire each voting group entitled to vote separately on the am	ollowing statement endment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	ı
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and	d shareholder
Dated5	120/2012	
Signature	Tuffhel-	
(By a d selecte	tirestor, president or other officer – if directors or officer a, by an incorporator – if in the hands of a receiver, trust	s have not been
appoin	ited fiduciary by that fiduciary)	ee, or other court
••		
	LONYA PENICK	
	(Typed or printed name of person signing)	
•	PRESIDENT	
	(Title of person signing)	