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FILED SECRETARY OF STATE VISION OF CORPORATIONS

C.L. ju 15

## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Urban Farm Guru, Inc. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company 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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

FILED SECRETARY OF STATE VISION OF CORPORATIONS

A Commence of the Art of the Commence of the C	At ticles of All	ienament	Division of So	# # T
	Articles of Inco of	rporation	15 JAN 2 I	PM 1:39
(Name of Corporation as curre	ban Farr		Inc.	
(Name of Corporation as curr			,	
P 2	<del>. v</del>	36 <u>39</u>		
(Document Num	iber of Corporation (if	known)		
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this F	lorida Profit Corpor	ration adopts the following ar	mendment(s) to
A. If amending name, enter the new name of	the corporation: Marine	.Tnc.		
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	ne word "corporation, "Corp," "Inc," or "C	" "company," or ' o". A professional	incorporated" or the abbricorporation name must con	e new eviation tain the
B. Enter new principal office address, if appli	licable:	3688 M	ly konos ct	
(Principal office address MUST BE A STREE		Boca Ro		
		BUCA INC		
•			33487	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	CE BOX	· · · · ·	14 Konos Ct.	
		Boca Ro	iton, PL	
			22487	
		***************************************	J-101	
<ul> <li>If amending the registered agent and/or r new registered agent and/or the new registered.</li> </ul>		ss in Florida, enter	the name of the	
Name of New Registered Agent				
	(Florida stree	t address)		
New Registered Office Address:	,	, in the second	771 - 1-1	
New Registerea Office Address:	(City)		Florida(Zip Code)	
	•			
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a	g Registered Agent:	th and against the -ti	liantions of the months.	
i nereoy accept the appointment as registered a	genn. 1 am jamutar wi	іп ина ассері іпе обі	igations of the position.	
	CN D		<u></u>	
Signatur	e of New Registered Ag	ent, 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	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	• • •
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change		
Add		•
Remove		
2) Change		
Add		4.00-00-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-
Remove		
3) Change		1.120
Add		\$ . t
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
NM
•
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
NA



The date of each amendment(s) ado	ption:	15 JAN 21 PM 1: 9 x other than the				
date this document was signed.	1/16/15					
Effective date if applicable:  (no more than 90 days after amendment file date)						
Adoption of Amendment(s)	(CHECK ONE)					
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ted by the shareholders. The number of votes cast ficient for approval.	or the amendment(s)				
	oved by the shareholders through voting groups. The ach voting group entitled to vote separately on the a					
"The number of votes cast fo	r the amendment(s) was/were sufficient for approve	d				
by	(voting group)	_·"				
·	(voting group)					
action was not required.	ted by the board of directors without shareholder ac					
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action	and shareholder				
Dated	1/16/15					
Signature	Migneffices					
selected,	ector, president or other officer - if directors or offi by an incorporator - if in the hands of a receiver, tr I fiduciary by that fiduciary)					
_	Miguel Afo	nso				
	(Typed or printed name of person	signing)				
_	President	<u> </u>				
	(Title of person signing)					