(Red	uestor's Name)	
(Add	lress)	
.(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
		1

Office Use Only



100251272251

09/03/13--01037--007 **52.50

COVER LETTER

TO: Amendment Section

Division of Corporations Orchid Organic Inc NAME OF CORPORATION: P12000079276 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Gail Bowman Name of Contact Person Orchid Organic Inc Firm/ Company 4904 Bethel Creek Dr #4 Address Vero Beach, FL 32960 City/ State and Zip Code orchidorganic@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gail Bowman Area Code & Daytime Telephone Number Name of Contact Person 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 enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	of Orchid Organ	nic Inc	FILE	.D
(Name of Corporation as	currently filed with the Flo	orida Dept. of State)	2013 SEP - 3 SECRETARY (- ,
(Document	Number of Corporation (if	known)	SECRETARY (TALLAHASSEE	FLORIDA
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this F		_	ring amendment(s)
A. If amending name, enter the new na	me of the corporation:			
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associat	ation "Corp," "Inc," or "C	o". A professional co		
		2046 Treasure C	oast Plaza	
B. Enter new principal office address, i (Principal office address MUST BE A ST		Suite A	······································	
		Vero Beach, FL	32960	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2046 Treasure C	oast Plaza	
(mining man oss mill DD AT OST O	111CD DOX	Suite A		
		Vero Beach, FL	32960	_
		ess in Florida, enter the	name of the	
Name of New Registered Agent	935 E Causeway Blv	d #402		
New Registered Office Address:	(Florida stree	•	32963 orida	
New Registered Office Address.	(City)		(Zip Code)	
New Registered Agent's Signature, if ch I hereby accept the appointment as registed Signature.		own	ations of the position	1 .

If amending the Officer's 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
l) Change	P	Gail B Inman	4904 Bethel Creek Dr #4
Add	<u></u>		Vero Beach, FL 32963
X Remove			
2) Change	Р	Gail B Bowman	935 E Causeway Blvd
X Add			#402
Remove			Vero Beach, FL 32963
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		- 	
Add			-141
Remove			
6) Change			
Add			
Remove			

E. <u>I</u>	f amending or adding additional Articles, enter change(s) here:
(/	Attach additional sheets, if necessary). (Be specific)
	\mathcal{N} Δ
	<i>N</i> _A
	·
	·
	
ř. <u>I</u>	f 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)
	~ N/A
	/V/11
·,-··	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
8/28/2013	
Dated	
Manik Ra	
Signature (By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Gail B Bowman	
(Typed or printed name of person signing)	
President	•
(Title of person signing)	•