

P130000 63509

R

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

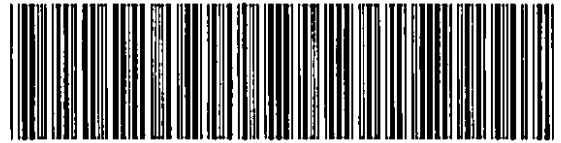
(Document Number)

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2020 JUN 21 P 2:32
FILED

JUL 31 2020

D CONNELLY



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2019

MAX K. MCGEE
MAX K. MCGEE, CPA, PA
609 N MAIN STREET
CHIEFLAND, FL 32626

SUBJECT: DOUBLE A FARMS, INC.
Ref. Number: P13000063509

We have received your document for DOUBLE A FARMS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L15000171290.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 019A00010153

Max K McGee, CPA, PA

609 N Main Street
Chiefland, FL 32626
T: (352) 507-7077
F: (866) 249-9129
E: max@mkm.tax

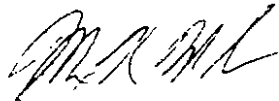
June 26, 2020

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: RE: Double A Farms, Inc. Articles of Amendment – Name Change Rejected

We have enclosed a copy of the original Articles of Amendment form submitted along with the \$35.00 check that cleared the bank. Please process the new Articles of Amendment changing the name of the corporation from Double A Farms, Inc. to T Smith Farms, Inc.

Thank you.

A handwritten signature in black ink, appearing to read 'Max K McGee', is written over a horizontal line.

Max K McGee, CPA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Double A Farms, Inc.

DOCUMENT NUMBER: P13000063509

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Max K. McGee

Name of Contact Person

Max K. McGee, CPA, PA

Firm/ Company

609 N Main Street

Address

Chiefland, FL 32626

City/ State and Zip Code

mkm@cpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Austin Trey Smith

at (352) 231-3827

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☒ \$35 Filing Fee
See attached.
- ☐ \$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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

Double A Farms, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P13000063509

(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:

T Smith Farms, Inc.

The new

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."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

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 in Florida, enter 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:

(City), Florida

(Zip Code)

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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

1) _____ Change	_____	_____	_____
_____ Add			_____
_____ Remove			_____
2) _____ Change	_____	_____	_____
_____ Add			_____
_____ Remove			_____
3) _____ Change	_____	_____	_____
_____ Add			_____
_____ Remove			_____
4) _____ Change	_____	_____	_____
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5) _____ Change	_____	_____	_____
_____ Add			_____
_____ Remove			_____
6) _____ Change	_____	_____	_____
_____ Add			_____
_____ Remove			_____

(Attach additional sheets, if necessary). (Be specific)

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(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

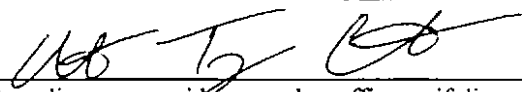
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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)

6/26/2020
Dated _____

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)

Austin Trey Smith

(Typed or printed name of person signing)

President

(Title of person signing)