# P14000003997

(Requ	uestor's Name)	
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(City/	State/Zip/Phone	e #)
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(Doce	ument Number)	)
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I ALBRITTON

#### COVER LETTER

NAME OF CORPORATION: L+M Management Services, Inc
DOCUMENT NUMBER: 7 14000003997
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mame of Contact Person
La M Management Services, Irc.
21977 916 St
Address
Live Daki H. 32060 City State and Zip Code
City State and Zip Code
Sales of <u>Farm to table ar outers</u> . Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)

#### Mailing Address

TO: Amendment Section

Division of Corporations

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

## Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### Articles of Amendment to Articles of Incorporation

of

to

4m Managemer	nt Services Inc
	currently filed with the Florida Dept. of State)
· · · · · · · · · · · · · · · · · · ·	714000003997
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpora	tion:
Farm to table gri	poration," "company," or "incorporated" or the abbreviation
name must be distinguishable and contain the word con "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc word "chartered," "professional association," or the abbrev	c," or "Co". A professional corporation name must contain the
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 off new registered agent and/or the new registered office	
Name of New Registered Agent	
	lorida street address)
New Registered Office Address:	, Florida
The state of the s	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo	
Signature o	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.

Example: X Change	<u>PT</u>	John Do	o <u>c</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change		_	·	
Add				
Remove				
2) Change				
Add				
Remove				
3 ) Change				
, Add		_		
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	<del></del>			
Add				
Remove				

Attach additional sheet		es, enter change(s) here: (Be specific)		
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		nge, reclassification, or can dment if not contained in th		ares,
(if not applicable,			50.01	
Martha	June	Moraks	49% =	shaves
Shevi	Lynn	leitch	51%	Sharrs
	1			
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	<u></u>			
	<del></del>			

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)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amend by the shareholders was/were sufficient for approval.	lment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following s 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 shar action was not required.	reholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	der
Dated 3/25/2019	
Signature  Signature  (By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
Shevi Leitch	
(Typed or printed name of person signing)	
tresident	
(Title of person signing)	