(Re	equestor's Name)	
(Ad	ddress)	
	ddress)	
(Cit	ty/State/Zip/Phone #)	
		IL
(Bu	isiness Entity Name)	<u></u>
	ocument Number)	
Pertified Copies	Certificates of Status	
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	Office Use Only	-



07/03/24--01012--009 ++785.00



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G. HUNT 07/03/24



**TO:** Amendment Section

**Division of Corporations** 

NAME OF CORPORATION:	Hernando	Ag	Inc
DOCUMENT NUMBER:	1400002	1603	

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

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

avi 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

□\$43.75 Filing Fee & Certificate of Status

□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

at ( 5

□\$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			
Hernando Ag Inc.			-
(Name of Corporation as currently filed with the Florida Dept. of Sta $\Omega$ $A$ $A$ $\Delta$ $\Omega$ $\Delta$ $A$ $A$ $A$ $Z$	<u>te</u> )		
P 1 4 0000 2 1 6 0 3 (Document Number of Corporation (if known)			
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the s Articles of Incorporation:	e following	: amendi	ment(s
. If amending name, enter the new name of the corporation:	۱	nc.	
Hernando Agricultural Management Servic ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the a lnc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name mu chartered," "professional association," or the abbreviation "P.A."	<u>eS</u> bbreviatio	_Then n ''Corp	
indricica, professional association, or the anne training 1,21,			
. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u> )			_
. Enter new principal office address, if applicable:			-
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Enter new principal office address, if applicable:     Principal office address <u>MUST BE A STREET ADDRESS</u> )      Enter new mailing address, if applicable:	·	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	- -
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<u>Enter new principal office address, if applicable:</u> <i>Principal office address <u>MUST BE A STREET ADDRESS</u> )        <u>Enter new mailing address, if applicable:</u> </i>		······································	- - - -
<u>Enter new principal office address, if applicable:</u> <i>Principal office address <u>MUST BE A STREET ADDRESS</u> )        <u>Enter new mailing address, if applicable:</u> </i>		2122 AH 6	- - -
Enter new principal office address, if applicable:     Principal office address <u>MUST BE A STREET ADDRESS</u> )      Enter new mailing address, if applicable:	SSEE. FL	a	- - - -
Enter new principal office address, if applicable:         Principal office address <u>MUST BE A STREET ADDRESS</u> )         .         Enter new mailing address, if applicable:         (Mailing address <u>MAY BE A POST OFFICE B(DX)</u> .         If amending the registered agent and/or registered office address in Florida, enter the name of the	SSEE. FL	6: 2	- - - -
Enter new principal office address, if applicable:         Principal office address <u>MUST BE A STREET ADDRESS</u> )         Enter new mailing address, if applicable:         (Mailing address <u>MAY BE A POST OFFICE B(DX)</u> If amending the registered agent and/or registered office address in Florida, enter the name of th         new registered agent and/or the new registered office address:	SSEE.FL	6: 2	  
Enter new principal office address, if applicable:     Principal office address <u>MUST BE A STREET ADDRESS</u> )      Enter new mailing address, if applicable:     (Mailing address <u>MAY BE A POST OFFICE B()X</u> )      If amending the registered agent and/or registered office address in Florida, enter the name of th     new registered agent and/or the new registered office address:     Name of New Registered Agent		6: 2	

Signature of New Registered Agent, if changing

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## Check if applicable

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

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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:

<u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	CEO	Jaquelyn Driskell	6014 Costanero Rol St. Augustine, FL
_X_Add			St. Augustine, FL
Remove			32080
2) Change			
Add			
3) Remove Change		<u></u>	
Add			
Remove			
4) Change		······································	
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
б) Change			
Add			
Remove			

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E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) \_\_\_\_\_ . :\_: ۰. I 155 E SEE. FL ŧ. ភ្ 25 F. 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)

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			•	۱				

The date of each amendment(s) adoption:		, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	20/2024 (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 jollowing 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)		
Dated 6/17/2024		10.01
Signature	2-1-1 22-1-1	
(By a director, president or other officer – if directors or officer selected, by an incorporator – if in the hands of a receiver, trus appointed fiduciary by that fiduciary)	tee, or other court S	5 AM
David Ledbetter	, FL	L S L S
(Typed or printed name of person signing)		

President (Title of person signing)