P14000054036

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ONVISION OF CHEFORATION OF CHEFORATION

C. LEVAIS

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COVER LETTER

TO: Amendment Section

Division of Corpo	orations		
	RATION: <u>Dairy &</u> BER: <u>P14000</u>		Analyst, Inc
The enclosed Afficies	of Amendment and fee are su	connuced for filling.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Matthe	Name of Contact Person	
		Name of Contact Persor	1
Firm/ Company			
	104 E	Gilman St. A Address	pt #6
	. 4	Address	
	Madison	Wi 5370 3 City/ State and Zip Code	<u></u>
		City/ State and Zip Code	e
	M Gould 6 d E-mail address: (to be us	alry Market an	alust. Com notification)
For further information	n concerning this matter, pleas	se call:	
Matthew	Could	at (585	813 - 8777 de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$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		Amend Divisio	Address Iment Section on of Corporations Building
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

FACILLE STEAR TARY OF STATE MINISTON OF CORPORATIONS
--

of	Tac 14 JUL 24 PM 4: 05
Dairy & Food Market Analyst, (Name of Corporation as currently filed with the	Inc 14 JUL 24
(Name of Corporation as currently filed with the	Florida Dept. of State)
P14000054036	
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2220 S Ocean Blod Suite # 502
	Delray Beach, FL 33483
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2220 S Ocean Blad
	Suite # 502
	Delray, Beach, Fl 33483
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent Geral D	Dryer
2220 S O	(em Blud reet address)
New Registered Office Address: Delray Bouc (City)	, Florida 33483 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
Signature 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	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PTSD	Matthew Good	2220 Socem Blud
Add			Snite 502
Remove			Delray Bench, F1 33483
2) Change			
Add			
Remove 3) Change			
Add			
Remove		•	
4) Change			
Add			
Remove			
5) Change			
Add			-
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
The state of the s	
f an amandment provides for an evol	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

'	# 1 <u> </u>	
The date of each amendment(s) adoption:	SEARETARY OF STATE	, if other than the
date this document was signed.	HA12404 (a) C 2722 (A) (A)	
Effective date if applicable: 7/19/20	14 JUL 24 PH 4: 05 e than 90 days after amendment file date)	
(no more	than 90 days after amendment file date)	<u></u>
Adoption of Amendment(s) (CHECK ONE	<u>E</u>)	
The amendment(s) was/were adopted by the shareholde by the shareholders was/were sufficient for approval.	ers. The number of votes cast for the amendment(s)	
The amendment(s) was/were approved by the sharehold must be separately provided for each voting group entities.		
"The number of votes cast for the amendment(s) v	was/were sufficient for approval	
by(voting group)	"	
(voting group)	1	
The amendment(s) was/were adopted by the board of di action was not required.	irectors without shareholder action and shareholder	
The amendment(s) was/were adopted by the incorporate action was not required.	ors without shareholder action and shareholder	
Dated 7/19/2014		
Dated 7/19/2014 Signature Molton L. L.	z of	
(By a director, president or oth	her officer – if directors or officers have not been	
selected, by an incorporator — appointed fiduciary by that fid	if in the hands of a receiver, trustee, or other court duciary)	
Matt	hew R Gould	
(Тур	ped or printed name of person signing)	
	PTSD	
	(Title of person signing)	