## P160000002136

| (Re                     | questor's Name)    |             |
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| PICK-UP                 | WAIT               | MAIL        |
| (Ві                     | siness Entity Nar  | ne)         |
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| (50                     |                    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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DIVISION OF CORPORATION

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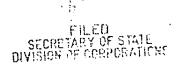
C LEWIS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORA             | TION: BEYOND ORGAI   | NICS NATURALLY FARI  | MS INC  |
|-----------------------------|--|--|---|
| DOCUMENT NUMBE              | P16000002136   |  |   |
| The enclosed Articles of    | Amendment and fee are su   | bmitted for filing.  |   |
| Please return all correspo  | ndence concerning this ma  | tter to the following:   |   |
| K.                          | AREN FAIRCLOTH   |  |   |
| <del></del>                 |  | Name of Contact Person   | 1   |
| SI                          | SEASONS FINANCIAL SERVICES INC   |  |   |
|                             |  | Firm/ Company  |   |
| 24                          | 89 COUNTY ROAD 4901  |  |   |
|                             |  | Address  |   |
| w                           | OLFE CITY, TX 75496  |  |   |
| _                           |  | City/ State and Zip Code   | e   |
| 1SENT(                      | @ATT.NET   |  |   |
|                             |  | sed for future annual report                                       | notification)   |
|                             | •  | •  | ·   |
| For further information c   | oncerning this matter, pleas   | se call:   |   |
| KAREN FAIRCLOTH             |  | at (972  | 754-7374  |
| Name of 0                   | Contact Person   |  | de & Daytime Telephone Number   |
| Enclosed is a check for the | ne 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)    |
| Amend<br>Divisio<br>P.O. B  | g Address<br>ment Section<br>n of Corporations<br>ox 6327<br>assee, FL 32314 | Amend<br>Divisio<br>Clifton<br>2661 E                              | Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301 |

## Articles of Amendment to Articles of Incorporation of



BEYOND ORGANICS NATURALLY FARMS INC

16 FEB 23 AM 8: 26

| (Name o   | of Corporation as curren     | tly filed with the Florida Dept. of State)  |  |
|---|------------------------------|---|--|
|   | (Document Number             | of Corporation (if known)   |  |
| Pursuant to the provisions of section 607. its Articles of Incorporation:               | 1006, Florida Statutes, this | s Florida Profit Corporation adopts the following amendment(s)  |  |
| A. If amending name, enter the new na   | nme of the corporation:      |   |  |
| 22.4. 1.1.1.  |                              | The new   |  |
|   | ation "Corp," "Inc," or      | on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A." |  |
| B. Enter new principal office address,  | if applicable:               | 2638 NW SAMS ST   |  |
| (Principal office address <u>MUST BE A S</u>  |                              | ARCADIA, FL 34266   |  |
|   |                              |   |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) |                              | 2638 NW SAMS ST   |  |
|   |                              | ARCADIA, FL 34266   |  |
|   |                              |   |  |
| D. If amending the registered agent an new registered agent and/or the new              |                              |   |  |
| Name of New Registered Agent  |                              |   |  |
|   | 2638 NW SAMS ST              |   |  |
|   | (Florida s                   | treet address)  |  |
| New Registered Office Address:  | ARCADIA                      | , Florida 34266   |  |
|   |                              | (City) (Zip Code)   |  |
| New Registered Agent's Signature, if c  | ARCADIA                      | , Florida 34266  (City) (Zip Code)  t:  |  |
| I hereby accept the appointment as regist   | ered agent. I am familiar    | with and accept the obligations of the position.  |  |
| <del></del>   | 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             | <u>PT</u>    | John Doe          |                   |
|-------------------------------|--------------|-------------------|-------------------|
| X Remove                      | <u>v</u>     | Mike Jones        |                   |
| X Add                         | <u>sv</u>    | Sally Smith       |                   |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u>       | <u>Addres</u> s   |
| 1) X Change                   | P            | JEFFREY FAIRCLOTH | 2638 NW SAMS ST   |
| Add                           |              |                   | ARCADIA, FL 34266 |
| Remove                        |              |                   |                   |
| 2) X Change                   | s            | DEBBIE FAIRCLOTH  | 2638 NW SAMS ST   |
| Add                           |              |                   | ARCADIA, FL 34266 |
| Remove                        |              |                   |                   |
| 3) X Change                   | T            | DEBBIE FAIRCLOTH  | 2638 NW SAMS ST   |
| Add                           |              |                   | ARCADIA, FL 34266 |
| Remove                        |              |                   |                   |
| 4) Change                     |              |                   |                   |
| Add                           |              |                   |                   |
| Remove                        |              |                   |                   |
| 5) Change                     | <del></del>  |                   |                   |
| Add                           |              |                   | <del></del>       |
| Remove                        |              |                   |                   |
| 6) Change                     |              |                   |                   |
| Add                           |              |                   |                   |
| Remove                        |              |                   |                   |

|   | (Be specific)  |
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| f an amendment provides for an exch<br>provisions for implementing the ame                                      | hange, reclassification, or cancellation of issued shares,   |
| f an amendment provides for an exch<br>provisions for implementing the ame<br>(if not applicable, indicate N/A) | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| provisions for implementing the ame   | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| provisions for implementing the ame   | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
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| provisions for implementing the ame   | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |

| The disks of south assessment (a)                                     | 01/06/2015  |                    | 18 -atomakon atom |
|---|---|--------------------|-------------------|
| The date of each amendment(s) a date this document was signed.        | doption:  | SECRETARY          | if other than the |
| Effective date if applicable:   |   | DIVISION OF CO     | PREGRATIONS       |
| и принцине  | (no more than 90 days after amendment file date)  | 16 FEB 23          | AH 8: 26          |
| Note: If the date inserted in this document's effective date on the D | block does not meet the applicable statutory filing requirements, repartment of State's records.                                | this date will not | be listed as the  |
| Adoption of Amendment(s)  | ( <u>CHECK ONE</u> )  |                    |                   |
| ☐ The amendment(s) was/were ac<br>by the shareholders was/were s      | lopted by the shareholders. The number of votes cast for the amen-<br>ufficient for approval.                                   | dment(s)           |                   |
|   | proved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendment |                    |                   |
| "The number of votes cas  | t for the amendment(s) was/were sufficient for approval   |                    |                   |
| by  | (voting group)  |                    |                   |
|   | (voting group)  |                    |                   |
| The amendment(s) was/were ac action was not required.                 | lopted by the board of directors without shareholder action and sha   | reholder           |                   |
| The amendment(s) was/were ac action was not required.                 | lopted by the incorporators without shareholder action and shareho  | lder               |                   |
| 2/18/16<br>Dated  |   |                    |                   |
| Signature   | Sour Facul  |                    |                   |
|   | director, president or other officer - if directors or officers have no   | ot been            |                   |
|   | ed, by an incorporator – if in the hands of a receiver, trustee, or othe nted fiduciary by that fiduciary)                      | ier court          |                   |
|   | KAREN FAIRCLOTH   |                    |                   |
|   | (Typed or printed name of person signing)   |                    |                   |
|   | INCORPORATOR  |                    |                   |
|   | (Title of person signing)   |                    |                   |