P1600053351

(Requestor's Name)				
(Ad	dress)	<u>.</u>		
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(Cit	ty/State/Zip/Phone	e #)		
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JUL 1 4 2016

R. WHITE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Wholly Cow Inc.					
	DOCUMENT NUMBER: P16000053351				
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corre	espondence concerning this mat	tter to the following:			
	Sheila A Christensen				
	Name of Contact Person				
	Wholly Cow Inc.				
		Firm/ Company			
	4148 Oasis Ave				
		Address			
	Spring Hill, FL 34609				
		City/ State and Zip Code			
ichri	iste@tampabay.rr.com				
E-mail address: (to be used for future annual report notification)					
		,			
For further information concerning this matter, please call:					
Sheila A Christensen at (352) 470-7605 Name of Contact Person Area Code & Daytime Telephone Number					
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	S49.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
	niling Address	Street Address			
	Amendment Section Amendment Section				
Division of Corporations Division of Corporations					

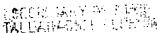
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec. FL 32301

FILED

Articles of Amendment to Articles of Incorporation

16 JUL -8 PH 2: 38



	(Document Number of	f Corporation (if known)
ursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, this a	Florida Profit Corporation adopts the following amendment
. If amending name, enter the new na	me of the corporation:	
		The new
	ation "Corp," "Inc." or "	n." "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the P.A."
Enter new principal office address, Principal office address <u>MUST BE A S</u>		
. Enter new mailing address, if appli	cable:	
(Mailing address MAY BE A POST)	OFFICE BOX)	
new registered agent and/or the nev	v registered office address	
	v registered office address Sheila A Christensen	
new registered agent and/or the nev	w registered office address Sheila A Christensen 4148 Oasis Ave	<u> </u>
new registered agent and/or the new Name of New Registered Agent	w registered office address Sheila A Christensen 4148 Oasis Ave	veet address)
new registered agent and/or the nev	w registered office address Sheila A Christensen 4148 Oasis Ave (Florida stra	vet address)
new registered agent and/or the new Name of New Registered Agent	w registered office address Sheila A Christensen 4148 Oasis Ave (Florida stra	veet address) Florida_34609
new registered agent and/or the new Name of New Registered Agent New Registered Office Address:	Sheila A Christensen 4148 Oasis Ave (Florida stra	reet address) , Florida 34609 (City) (Zip Code)
new registered agent and/or the new Name of New Registered Agent New Registered Office Address: ew Registered Agent's Signature, if c	Sheila A Christensen 4148 Oasis Ave (Florida str.) Spring Hill	reet address) , Florida 34609
new registered agent and/or the new Name of New Registered Agent New Registered Office Address: ew Registered Agent's Signature, if c	Sheila A Christensen 4148 Oasis Ave (Florida str.) Spring Hill	reet address) , Florida 34609
Name of New Registered Agent New Registered Office Address: New Registered Agent's Signature, if continue the description of the appointment as registered as registered.	Sheila A Christensen 4148 Oasis Ave (Florida str.) Spring Hill	reet address)

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	<u>oe</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>		Name	<u>Addres</u> s
1) Change	P		John A Christensen	4148 Oasis Ave
Add				Spring Hill, FL
X Remove				34609
2) X Change	P		Sheila A Christensen	4148 Oasis Ave
Add				Spring Hill, FL
Remove				34609
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				<u></u>
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, į	if necessary).	cles, enter char (Be specific)				
						
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	<u>-</u> .					
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f an amendment provid	es for an exch	ıange, reclassif	ication, o <u>r car</u>	cellation of iss	ued shares,	
provisions for implement (if not applicable, in	nting the ame	ndment if not c	ontained in th	ie amendment	itself:	
(у погиррисите, т	ансине П/А)					

m 1	07/05/2016	if other than the
The date of each amendment(s) addate this document was signed	ioption:	if other than the
07/0	5/2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amena	lment file date)
Note: If the date inserted in this bedocument's effective date on the De		ng requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes c flicient for approval.	ast for the amendment(s)
	proved by the shareholders through voting groups each voting group entitled to vote separately on	
"The number of votes east	for the amendment(s) was/were sufficient for app	proval
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without sharehold	er action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder ac	tion and shareholder
07/05/2010 Dated	· · · · · · · · · · · · · · · · · · ·	
Signature * J	Jula Christensin	
(By a d selecte	irector, president or other officer – if directors or d, by an incorporator – if in the hands of a receive ted fiduciary by that fiduciary)	
	Sheila A Christensen	
	(Typed or printed name of person sig	ning)
	Vice President	
	(Title of person signing)	