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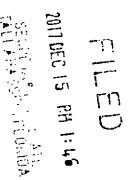
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COVER LETTER

Division of Corporations NAME OF CORPORATION: Fun Kountry Farms, Inc. 17000010 980 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Shiyann Washington Adams
Name of Contact Person Fun Kountry Farms, Inc. Belleview FL. 34420 City/ State and Zip Code For further information concerning this matter, please call: Yann Washington Adams at (352) 8/7-0404
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 & □\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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, Ft. 32301

Articles of Amendment

to

Articles of Incorporation of

Fun Kountry Farms, Inc. (Name of Corporation as curre) P17000010980	,
(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
P17000010980	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	tis Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" 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)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2017 BC 15
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addre	ldress in Florida, enter the name of the
Name of New Registered Agent	
(Florida	struet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.
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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change	$\sqrt{}$	Michael Adams	5200 S.E. 97# Pl.
Add			Bellevicw, FL 34420
Remove			
2) Change			
Add			-
Remove			
3) Change			·
Add			
Remove			
4) Change		·	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
		
	-	
		
f an amendment provides for an exch	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)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		_
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		-
(if not applicable, indicate N/A)		-
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		

The date of each amendment(s) adopt date this document was signed.	ion:	, if other than the
Effective date if applicable:		
<u></u>	(no more than 90 days after amendment file date)	-4
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this doment of State's records.	tte will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes cast for the amendment(ent for approval.	s)
	ed by the shareholders through voting groups. The following statems h voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	by the board of directors without shareholder action and shareholder by the incorporators without shareholder action and shareholder	er
Dated 12/	ann Washington Adams	
selected, by	or, president or other officer – if directors or officers have not been an incorporator – it in the hands of a receiver, trustee, or other couniduciary by that fiduciary)	
	hiyann Washington Adams (Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	

. . . .