P17000067930

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Organic Nutrition,	Inc.	
DOCUMENT NUM	BER: P17000067930		_
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Robert Desrosiers		
		Name of Contact Person	1
	Green Life Farms, Inc.		
		Firm/ Company	· <u> </u>
	l Cate Street, Suite 100		
		Address	
	Portsmouth, NH 03801		
	<u> </u>	City/ State and Zip Cod	e
com	orate@cateops.com		
	= :	sed for future annual report	notification)
		•	,
For further informatic	on concerning this matter, pleas	se call:	
Robert Desrosiers		603 at () 319-4400 de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□S43.75 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 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Organic Nutrition, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P17000067930 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Green Life Farms, Inc. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar 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.

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 (Check One)	Title	<u>Name</u>	<u>Addres</u> s
i) Change	VP	Robert Desrosiers	1 Cate St
X Add			Suite 100
Remove			Portsmouth, NH 03801
2) Change	D	Donald Richards	l Cate St
X Add			Suite 100
Remove			Portsmouth, NH 03801
3) Change			-
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Attach additional sheets, if necessa	rry). (Be specific)			
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an amendment provides for an	exchange, reclassi	fication, or cance	llation of issued sh	ares,	
provisions for implementing the a (if not applicable, indicate N/s	amendment if not	contained in the	amendment itself:		
(у погаррисаоле, таксале кул	1)				
					
	· -		· <u> </u>		
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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	iopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	ı
"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 shareholder	
☐ The amendment(s) was/were ac action was not required.	dopted by the incorporators without shareholder action and shareholder	
5/21/19		
DatedSignature		
(By a	director, president or other officer - if directors or officers have not been	
	ted, by an incorporator - if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	Robert Desrosiers	
	(Typed or printed name of person signing)	
	VP	•
	(Title of person signing)	