## 717000099540

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SECRETARY OF SIGN

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Painted Sky Stables  DOCUMENT NUMBER: P17000099540
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Summer Almand Name of Contact Person
Firm/ Company 7025 415! 5+.
Address  Vero Beach, FL 32967  City/ State and Zip Code
<u> </u>
For further information concerning this matter, please call:
Summer Almand at (772), 766-3391  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 Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

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to

Painted Sk	y Stables	SECRETARY OF STATE
(Name of Corporation as currentle	filed with the Florida Dept	of State)
P170000	) <u>9954()                                    </u>	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation ad	lopts the following amendment(s
A. If amending name, enter the new name of the corporation:		
Painted Sky Farms	Inc	The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated"	or the abbreviation "Corp "
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	····
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:		ne of the
Name of New Registered Agent NJA		
(Florida stre	et address)	
New Registered Office Address:		. Florida
•	City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations	of the position.
NIA		
Signature of New Re	gistered Agent, if changing	
Check if applicable	2 2 0	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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:

A Change	<u>F1</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
1) Change	<del></del>	NA	
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change	~ <del>~</del>		
Add			
Remove			
5) Change			
Add			-
Remove			
б) Change		<del></del>	
Add		· :	
Remove			

amending or adding additional sheets, if new	cessury). (Be specific)			
NIA			· · · · · · · · · · · · · · · · · · ·	
- N/T			<del>-</del>	
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amendment provides fo	r an exchange, reclassific	ation, or cancellation o	f issued shares,	
visions for implementing (if not applicable, indicat	the amendment if not co	ntained in the amendn	<u>ient itself:</u>	
· · · · · · · · · · · · · · · · · ·				
NA				
				-
			<del></del>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	te will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	n and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	·)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by <u>DWNer, all president</u> "  (voting group)	
Signature Summer Almand  (By a director, president or other officer – if directors or officers have not been	
Signature Summer Almand	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
appointed fiducially by that fiducially)	
Summer Almand (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	