P18000004146

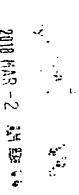
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COVER LETTER

2018 MAR - 2 AM &

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: RURAL FOOD, Co	ORP 				
DOCUMENT NUMBER: P18000004146						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all corr	espondence concerning this ma	tter to the following:				
	MAXWELL LELES BARBO	OSA				
		Name of Contact Person	1			
	RURAL FOOD, CORP					
		Firm/ Company				
	2900 NW 112TH AVE					
	Address					
	DORAL, FL 33172					
		City/ State and Zip Code	<u> </u>			
OL	GAMA2000@HOTMAIL.CON	1				
——————————————————————————————————————	Ŭ	sed for future annual report	notification)			
For further information	ion concerning this matter, pleases	se call: at (. 468-0276			
Name of Contact Person		at (Area Co	de & Daytime Telephone Number			
Enclosed is a check	for the following amount made					
□ \$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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building				
Amendment Section Division of Corporations		Ameno Divisio Clifton	iment Section on of Corporations			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

2018 MAR - 2 AM BB . .

RURAL FOOD, CORP

(Name of Corporation as current	ly filed with the Florida Dept. of State)
P18000004146	
(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
RURAL FOODS, CORP	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	2900 NW 112TH AV
(Principal office address MUST BE A STREET ADDRESS)	DORAL, FL 33172
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 add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida si	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	

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>	Address	
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change			-	
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
Addit tautional sheets, if hecessary).	(be specific)		
			
 			
If an amendment provides for an ex	change, reclassification, or cancellation of issued shares,		
provisions for implementing the an	nendment if not contained in the amendment itself:		
(if not applicable, indicate N/A)			
(,) ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
			
	- 		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
2/23/2018 Effective date if applicable:	
(no more than 90 days aj	ter amendment file date)
Note: If the date inserted in this block does not meet the applicable stat document's effective date on the Department of State's records.	utory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voti must be separately provided for each voting group entitled to vote separately	ng groups. The following statement trately on the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient	ent for approval
by	
(voting group)	
 □ The amendment(s) was/were adopted by the board of directors without action was not required. □ The amendment(s) was/were adopted by the incorporators without share 	
action was not required.	molder action and shareholder
2/23/2018	
DatedSignature	
(By a director, president or other officer = if diselected, by an incorporator - if in the hands of appointed fiduciary by that fiduciary)	rectors or officers have not been if a receiver, trustee, or other court
MAXWELL LELES BARBOSA	
(Typed or printed name of	person signing)
PRESIDENT	
(Title of person	signing)