P18000008312

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COVER LETTER

TO: Amendment Section Division of Corporations

The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LINDA J MASON Name of Contact Person LINDA J MASON, CPA Firm/ Company 5899 WHITFIELD AVE #201 Address SARASOTA, FL 34243 City/ State and Zip Code LJMASONCPA@TAMPABAY.RR.COM E-mail address: (to be used for future annual report notification)	
Please return all correspondence concerning this matter to the following: LINDA J MASON Name of Contact Person LINDA J MASON, CPA Firm/ Company 5899 WHITFIELD AVE #201 Address SARASOTA, FL 34243 City/ State and Zip Code LJMASONCPA@TAMPABAY.RR.COM	
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For further information concerning this matter, please call:	
LINDA MASON at (941) 447-3265	
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 Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Mailing Address Amendment Section Division of Corporations Clifton Building Tallahassee, FL 32314 Ze61 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment Articles of Incorporation of

(Name of C	Corporation as currently	filed with the Florida I	Dept. of State)	•
P18000008312				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this F	lorida Profit Corporatio	n adopts the fo	ollowing amendment(s) t
A. If amending name, enter the new name EAST TEXAS FARMS FOR FREEDOM, II	***			The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc." or "C	o". A professional cor	orporated" or voration name	the abbreviation
B. Enter new principal office address, if a (Principal office address MUST BE A STR)				
<i>,</i>				
C. Enter new mailing address, if applicabe (Mailing address MAY BE A POST OF)				
D. If amending the registered agent and/o new registered agent and/or the new re		ss in Florida, enter the	name of the	
Name of New Registered Agent				
	(Florida stree	et address)		
New Registered Office Address:			, Florida	
•	(0	City)		(Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registered		th and accept the obliga	tions of the po	sition.
	Signature of New Re	gistered Agent, if changi	ng Life	780 FE

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:

(Atlach 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>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				·
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
δ) Change	•			
Add				
Remove				

	(Be specific)
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If an amendment provides for an eych	ange reclassification or cancellation of issued shares
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The date of each amendment(s) a date this document was signed.	loption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this I document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
•	(voting group)
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder
01/30/2018 Dated	
Signature	Matheti
selecte	dector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
,	William Cottrell
	(Typed or printed name of person signing)
	President
	(Title of person signing)