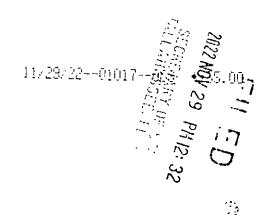
## P22000054320

(Re	questor's Name)	)		
(Ad	dress)			
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(Cit	y/State/Zip/Phor	ne #)		
PICK-UP	☐ WAIT	MAIL MAIL		
(Bu	siness Entity Na	me)		
(Document Number)				
Certified Copies	_ Certificate	es of Status		
Special Instructions to Filing Officer:				
	J.	HORNE		
	FE	B 17 2023		

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: Organic I	Farmer's Table, Inc.	<del></del>
DOCUMENT NUMBI	ER:P2200005432	0	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	itter to the following:	
C	iulia Salustri		
_		Name of Contact Person	1
C	Organic Farmer's Table, Inc.		
_		Firm/ Company	
1	4 N. Lemon Avenue		
<del>-</del>		Address	
S	arasota, Florida 34236		
		City/ State and Zip Code	
iı	nfo@organicfarmerstable.co	m	
_	E-mail address: (to be us	sed for future annual report	notification)
For further information Giulia Salustri	concerning this matter, plea	941	323-3303
Name of	Contact Person	at ( Area Co	) de & Daytime Telephone Number
Enclosed is a check for t	he following amount made		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	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 The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation of

(Name of Corporation as currently 222000054320	filed with the Florida Dent of State		
	inca with the Florida Dept. of State	-5	221
		15 (1) 15 (1) 16 (2)	A OF
(Document Number of	Corporation (if known)	<u> </u>	62
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following	owing am	ieu <u>on</u> ue
a. If amending name, enter the new name of the corporation:		•	သ
		The	e neu
ame must be distinguishable and contain the word "corporation," "co Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A chartered," "professional association," or the abbreviation "P.A."			
B. Enter new principal office address, if applicable:	14 N. Lemon Avenue		
Principal office address MUST BE A STREET ADDRESS )	Sarasota, Florida 34236		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14 N. Lemon Avenue		
	Sarasota, Florida 34236	-	<u> </u>
. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:			<del>.</del>
Name of New Registered Agent			
(Florida stre	ret address)		
(Florida stre	vet address) . Florida		

Check if applicable

☐ 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)

Example:

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	P	Giulia Salustri	638 Cohen Way
X Add			Sarasota, FL 34236
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			. = -
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additi ttach additional sheets, if ne	cessary). (Be specific	)		
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<del></del> ;				
		•		
an amendment provides f	for an avahange reciss	sification or cance	llation of issued sh	ares.
rovisions for implementin	ng the emendment if no	ot contained in the	amendment itself:	<del></del>
(if not applicable, indica	ate N/A)	77 4921444144		
(ij noi upplicuote, mateu	uic 1071)			

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	•	
	11/23/2022	
Effective date <u>if applicable</u> :	. (no more than 90 days after amendment file da	te)
	(100 1100 1100 1100 1100 1100 1100 1100	,
Note: If the date inserted in this is document's effective date on the D	block does not meet the applicable statutory filing requireme epartment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without share	cholder action and shareholder
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the a ufficient for approval.	mendment(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm	ving statement ent(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	,n	
,	(voting group)	
11/23/20	)22	
Dated		
Signature _	Salie Salusia	
	lirector, president or other officer - if directors or officers hav	
	d; by an incorporator – if in the hands of a receiver, trustee, o	r other court
appoin	ted fiduciary by that fiduciary)	
	Giulia Salustri	
	(Typed or printed name of person signing)	
	Incorporator and President	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·