P94 0000 93054

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MAY 20 2020 I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations	•
NAME OF CORPORATION: SUMMED DOCUMENT NUMBER: P9400	20093054 Ferm, INC
The enclosed Articles of Amendment and fee are su	abmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Stope State Compared to be used t	Name of Contact Person Plenty Farm, Inc Firm/ Company Hames Address Fers burg FL 33 714 City/ State and Zip Code Address Seed for future annual report notification)
For further information concerning this matter, plea	ise call:
Eddie Parsley	1727, 224-1537
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:
S35 Filing Fee Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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	Street Address Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
1 anand88CC, F1, 52519	2 115 11, 110moc back bank bit

Tallahassee, FL 32303

Articles of Amendment

	to
Articles	of Incorporation
	of
	1

Summer Stream	Farm, INC.	<u> </u>
(Name of Corporation as currently	filed with the Florida Dept. of State	
	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Florida Profit Corporation adopts the following ame	ndment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation." "co." or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Coprofessional corporation name must contain the	orp., "
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		[ED]
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Name of New Registered Agent	ess in Florida, enter the name of the	_
(Florida stre	eet address)	
New Registered Office Address: N	, 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	with and accept the obligations of the position.	
N/A	egistered Agent, if changing	
	egisterea Agent, if changing	
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	41/0	
X Add	<u>sv</u>	Sally Smith	N/H	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	, , ,	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change		- \		
Add				
Remove Change				
Add				
Remove				
4) Change				
Add				
Remove				\
5) Change				
Add				
Remove				
6) Change		<u> </u>		
Add				
Remove				

amending or additional s	ding additional Articles, enter change(s) here: heets, if necessary). (Be specific)	
	<u> </u>	
	/V / +/4	
		
		
		_
<u>an amendment :</u> provisions for im	provides for an exchange, reclassification, or cancellation of issued shares, plementing the amendment if not contained in the amendment itself:	
(if not applica	ible, indicate N/A)	
	NA	
		 _

• • • •

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 bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were addaction was not required.	opted by the incorporators, or board of directors without shareholder act	ion and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment afficient for approval.	u(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	neni
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated_A	pri/23, 2020	
Signature		
(By a d selecte	irector, president or other office - if directors or officers have not beer d, by an incorporator - if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	urt
.,	Edun D Parsley (Typed or printed name of person signing)	IR
	(Typed or printed name of person signing)	
	(Title of person signing)	
	Centra or harrow signification (1)	