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T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: Florida School of Herbal Studies In
DOCUMENT NUMBER: NO 6 00000 6 80 3
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Emily Ruff (Name of Contact Person)
(Name of Contact Person)
FSHS
(Firm/ Company)
1109 E Concord St (Address)
Orlando Fl 32803 (City/State and 7in Code)
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Emiy Ruff at (407) 595 373 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\begin{array}{c} &\begin{array}{c} \$\begin{array}{c} &\begin{array}{c} &\begin{array}{
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



F(o	rida	School	of	Herbal	Studies.	Inc.	W/9	0 930 87
(Name of C	Corporatio	on as currently	filed wi	th the Florida D	ept. of State)			" " " " " " " " " " " " " " " " " " "
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Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

Florida	School	of	Holistic	Living	In C. corporated" or the abbrevi	The ne
				ration" or "inc	orporated" or the abbrevi	ation "Corp." or "Inc.
"Company" or "C	o." may not be	used in	the name.			
B. Enter new pri	ncipal office ad	ldress, i	f applicable:			
(Principal office a	ddress <u>MUST I</u>	BE A ST	REET ADDRES	<u>S</u>)		
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		ire if cl	ıanging Registera	ed Agent:		
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New Registered A I hereby accept the					nd accept the obligations o	of the position.
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Page 1 of 4

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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jor Sally Sm	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change Add Remove		_		
2) Change Add		_		
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(attach additional sheets, if necessary).	(Be specific)		
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The date of each amendment(s) adoption: 6 10 20 3	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated <u>6/1/2013</u> Signature Rull	
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Emily Ruff	
(Typed or printed name of person signing) Founder - VISCOLATION	
(Title of person signing)	