## PD6000020070

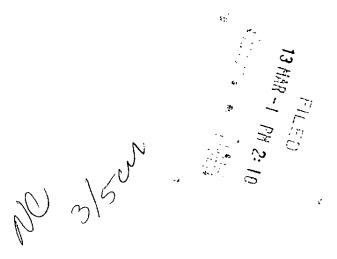
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations Edible Free Inc NAME OF CORPORATION: DOCUMENT NUMBER: 906 5000 200 70 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Address City/ State and Zip Code (asonso.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & Certified Copy Certificate of Status Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section

> Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

## **Articles of Amendment**

to

## Articles of Incorporation

of

Eduble Ices the			
(Name of Corporation as currently filed with the Flo	orida Dept. of State)		
706000020070			
(Document Number of Corporation (if	known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	<i>llorida Profit Corporation</i> ad	opts the following	amendment(s) to
A. If amending name, enter the new name of the corporation:	_		
BER Enterprise	449 INC		The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "F	," "company," or "incorpo To". A professional corpora	rated" or the abo tion name must co	breviation ontain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NIA	***	13
		C	HAR-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	w1A	# 	LED PH 2
		See	5: 10
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office address:	ess in Florida, enter the nam	ne of the	
Name of New Registered Agent 11 A			
1/0	(Florida street address)		
New Registered Office Address: (City)	, Florida_	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligation	s of the position.	
Signature of New Registered A	gent, 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.

X Change	PT John D	<u> Doe</u>	
X Remove	<u>V</u> <u>Mike</u> .	<u>lones</u>	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	and the second second		
Add			
Remove			
6) Change			
Add			
Remove			

ach additional sheets, if necessary).	(Be specific)
<del></del>	
······································	
rovisions for implementing the am	change, rectassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	NA
(if not applicable, indicate N/A)	Ap
(if not applicable, indicate N/A)	Ay
(if not applicable, indicate N/A)	Apo
(if not applicable, indicate N/A)	PA
(if not applicable, indicate N/A)	Apr
(if not applicable, indicate N/A)	)LA

The date of each	amendment(s) adoption: 225 13
Effective date <u>if a</u>	
Adoption of Ame √	
The amendmen by the shareho	nt(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) olders was/were sufficient for approval.
	nt(s) was/were approved by the shareholders through voting groups. The following statement ately provided for each voting group entitled to vote separately on the amendment(s):
"The nun	nber of votes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendmen action was not	nt(s) was/were adopted by the board of directors without shareholder action and shareholder required.
The amendment action was not	nt(s) was/were adopted by the incorporators without shareholder action and shareholder required.
	Dated 2   25   293
	Signature SDDDD
	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)