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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: JOHN H. SINGLETARY ENTER PRISES, INC.		
DOCUMENT NUMBER: PO 3000079660		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Name of Contact Person		
Name of Contact Person		
BERMONT FARMS, INC.		
Firm/ Company		
5210 STATE RD 31		
Address		
PUNTA GORDA FL 33982 City/ State and Zip Code		
City/ State and Zip Code		
Susesingletary e aol. com E-mail addless: (to be used for future annual report notification)		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
SUSE A. SINGLETARY 239 707-3428		
SUSE A. SINGLETARY at (239) 707-3428 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 Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)		
Mailing Address Street Address		
Amendment Section Amendment Section		
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building		
Tallahassee, FL 32314 2661 Executive Center Circle		
Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation

FILED

of

2013 FEB -4 PM 4: 42

JOHN H. SINGLETAN	ey, ENTERPRI	SES, INC.	SECHE AR	Y OF STATE
(Name of Corporation as cu			TALLAHAS:	SEE, FLORIDA
	279660		49	
(Document N	umber of Corporation (if	f known)		•
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this A	Florida Profit Corporation a	adopts the following	g amendment(s) to
A. If amending name, enter the new name	of the corporation:			
BERMONT FARMS,	INC.			The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designatio word "chartered," "professional association	the word "corporation n "Corp," "Inc," or "(Co". A professional corpor	orated" or the ab	breviation
B. Enter new principal office address, if a (Principal office address MUST BE A STRE		SAME		
C. Enter new mailing address, if applicab	l			
(Muiling address MAY BE A POST OF)		SAME	——————————————————————————————————————	
D. If amending the registered agent and/or new registered agent and/or the new re	r registered office addr gistered office address:	ess in Florida, enter the na	me of the	
Name of New Registered Agent	NIA		_	
	(Florida stre	eet address)		
New Registered Office Address:	NIA	, Florida	1	
	(City)		(Zip Code)	
New Registered Agent's Signature, if change				
I hereby accept the appointment as registered			ns of the position.	
Ciana	ura of New Revistored A	gant if abanains	_	

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change		JOHN H. SINGLETARY	5210 STATE RA 3)
Add			PUNTA GORDA FL 33987
Remove			
2) Change	P	SUSE A. SINGLETARY	5210 STATE RD 31
X Add			PUNTA GORLA FL 33982
Remove			
3) Change			
Add			——————————————————————————————————————
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		,	
Remove			

ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
NIA	
	401,44
	Manual Ma
	The state of the s
	
an amandmant arouides for an evol	ange, reclassification, or cancellation of issued shares,
rovisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
HN A. SINGLETARY -	40% SHARES MUNES
STA CALCULATION	40% SHARES OWNED
ISE A. SINGLETARY-	- 60°10 SIHAKES OWNED

The date of each amendment(s) adoption:		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
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.	
	roved by the shareholders through voting groups. The following statement 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	
action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	28/13	
Signature	Am H Singlety	
selecte	rector, 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 ed fiduciary by that fiduciary)	
\	JOHN H. SINGLETARY (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	