## P0800005a199

| (Re                     | equestor's Name)   |           |  |
|-------------------------|--------------------|-----------|--|
| (Ad                     | ldress)            |           |  |
| (Ac                     | ldress)            |           |  |
| (Cit                    | ty/State/Zip/Phone | #)        |  |
| PICK-UP                 | ☐ WAIT             | MAIL      |  |
| (Bu                     | usiness Entity Nam | ne)       |  |
| (Document Number)       |                    |           |  |
| Certified Copies        | _ Certificates     | of Status |  |
| Special Instructions to | Filing Officer:    |           |  |
|                         |                    |           |  |
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## **COVER LETTER**

| TO: Amendment Section Division of Corporations         |                                                                                                                             |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| NAME OF CORPORATION: RISING                            | Har Bakery Inc                                                                                                              |
| DOCUMENT NUMBER: (O & U) (Y) 5                         | actif                                                                                                                       |
| The enclosed Articles of Amendment and fee are subm    | nitted for filing.                                                                                                          |
| Please return all correspondence concerning this matte | r to the following:                                                                                                         |
| Annette                                                | Brown                                                                                                                       |
| 0                                                      | Name of Contact Person                                                                                                      |
| 15151                                                  | ystur bakery                                                                                                                |
| .01/                                                   | Firm/ Company /                                                                                                             |
| 1742 45th S                                            | veet                                                                                                                        |
|                                                        | Address                                                                                                                     |
| west rum by                                            | each H 32401                                                                                                                |
|                                                        | City/ State and Zip Code                                                                                                    |
| E-mail address: (to be used                            | S Bakery in et<br>I for future annual report notification)                                                                  |
|                                                        | '                                                                                                                           |
| For further information concerning this matter, please | call:                                                                                                                       |
| Johna Brown                                            | at (561) 384-9860                                                                                                           |
| Name of Contact Person                                 | Area Code & Daytime Telephone Number                                                                                        |
| Enclosed is a check for the following amount made page | yable to the Florida Department of State:                                                                                   |
| □ \$35 Filing Fee & Certificate of Status              | Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee Certified Copy 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**

| -                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |
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|                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2015 NO. FILETI                     |
| Articles of Articles of Inc.  Articles of Inc.  of                                                                                                                                                     | <i>y</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ANS NOV-5 PM 2:39                   |
| P0800052199                                                                                                                                                                                            | y filed with the Florida Dept. of State)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CORION CONTRACTOR                   |
| (Document Number of Pursuant to the provisions of section 607.1006, Florida Statutes, this lits Articles of Incorporation:                                                                             | Corporation (if known)  Florida Profit Corporation adopts the following | lowing amendment(s) to              |
| A. If amending name, enter the new name of the corporation:                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | The new                             |
| name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or $Co.$ ," or the designation "Corp," "Inc," or "(word "chartered," "professional association," or the abbreviation " | Co". A professional corporation name i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | he abbreviation<br>must contain the |
| B. Enter new principal office address, if applicable:<br>(Principal office address <u>MUST BE A STREET ADDRESS</u> )                                                                                   | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                                                                                                | MA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |
| D. If amending the registered agent and/or registered office address:  Name of New Registered Agent  Name of New Registered Agent                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(Florida street address)

(City)

, Florida\_

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 <math>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 I    | <u> Yoe</u>  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------|--------------|--------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| X Remove                      | V Mike.      | <u>lones</u> |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| X Add                         | SV Sally S   | <u>Smith</u> |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Type of Action<br>(Check One) | <u>Title</u> | Name         | 0     | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 1) Change                     | <u>V</u>     | Doshua       | Brown | 9337 Madeward C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| X Add                         |              |              |       | Royal Palm Beach                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Remove                        |              |              |       | (-C 33411                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 2) Change                     | <del></del>  |              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Add                           |              |              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Remove                        |              |              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 3) Change                     | <del></del>  |              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Add                           |              |              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Remove                        |              |              |       | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 4) Change                     |              |              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Add                           |              |              |       | when the second |
| Remove                        |              |              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 5) Change                     | <del></del>  | <u></u>      |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Add                           |              |              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Remove                        |              |              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 6) Change                     |              |              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Add                           |              |              |       | 4-1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Remove                        |              |              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

| E. If amending or adding additional Artic                                 | cles, enter change(s) here:                                                                                |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| (Attach additional sheets, if necessary).                                 | (Be specific)                                                                                              |
| 7                                                                         |                                                                                                            |
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|                                                                           |                                                                                                            |
| F. If an amendment provides for an exch                                   | ange, reclassification, or cancellation of issued shares,                                                  |
| provisions for implementing the amer<br>(if not applicable, indicate N/A) | ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself: |
| - MA                                                                      |                                                                                                            |
|                                                                           |                                                                                                            |
|                                                                           |                                                                                                            |
|                                                                           |                                                                                                            |
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|                                                                           |                                                                                                            |

| The date of each amendment(s) adoption: 11/01/15                                                                                                                                                           | _, if other than the |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| date this document was signed.                                                                                                                                                                             |                      |
| Effective date if applicable: 1/01/15                                                                                                                                                                      |                      |
| Effective date if applicable: //0]/15  (no more than 90 days after amendment file date)                                                                                                                    |                      |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.                        | not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)                                                                                                                                                                       |                      |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.                                                 |                      |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)                                                                                                                                                                                        |                      |
| (voting group)                                                                                                                                                                                             |                      |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.                                                                          |                      |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.                                                                                 |                      |
| Dated 11/01/15                                                                                                                                                                                             |                      |
| Signature Signature                                                                                                                                                                                        | <del></del>          |
| (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 figuriary by that fiduciary)                                                                               |                      |
| appointed inductary by that inductary)                                                                                                                                                                     |                      |
| Hnnette Drown                                                                                                                                                                                              |                      |
| (Typed or printed name of person signing)                                                                                                                                                                  |                      |
| Prograent                                                                                                                                                                                                  | <del></del>          |
| (Title of person signing)                                                                                                                                                                                  |                      |