## P09000014253

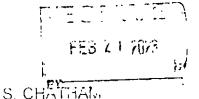
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	-
(Business Entity Name)	
(Document Number)	
(Bocament Namber)	
Certified Copies Certificates of Status	
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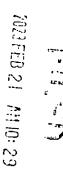


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MAY - 6 2023



## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: SOUTH BEACH I	HERBALS, INC.	
DOCUMENT NUM	D00000014252		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	TARA DIPASQUALE		
		Name of Contact Person	1
	DIPASQUALE & ASSOCIA	ATES, P.A.	
		Firm/ Company	
	14345 SUNSET LANE		
	· · · · · · · · · · · · · · · · · · ·	Address	
	FORT LAUDERDALE, FL	33330	
		City/ State and Zip Cod	e
	TARA@DIPASQUALE.NE	Т	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, plea	se call:	
TARA DIPASQUAL	.E	954 at (	252-7200
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	✓\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

SOUTH BEACH HERBALS, INC.			
(Name o	of Corporation as currentl	ly filed with the Florida Dept. of State	)
P09000014253			
	(Document Number o	f Corporation (if known)	<del></del>
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the f	following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
DEEZ PRODUCTS, INC.			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co". 1	A professional corporation names must	of Florida steet ada
B. Enter new principal office address, if applicable:		NOT APPLICABLE	
(Principal office address MUST BE A S			<u> </u>
			No.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NOT APPLICABLE	<u> </u>
D. If amending the registered agent an	id/or registered office add	ress in Florida, enter the name of the	
new registered agent and/or the nev	NOT APPLICABLE	<u>s:</u>	
Name of New Registered Agent	TOT ATTEICABLE		
	14345 SUNSET LANE		
	•	a street address)	
New Registered Office Address:	FORT LAUDERDALE	, Florida_	33330
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent tered agent. I am familiar	t <u>i</u> with and accept the obligations of the po	osition.
<del></del>	Signature of New R	Registered Agent, if changing	

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President: V = Vice President: T = Treasurer; S = Secretary: D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			23 F 73
2) Change		_	
Add			
Remove Change			<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<del></del>
Remove			<del></del>
6) Change			
Add			
Remove			

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	· ; ;	
<ul> <li>If an amendment provides for an exchange, reclassification, or cancellati provisions for implementing the amendment if not contained in the ame</li> </ul>	ion of issued shares,	
(if not applicable, indicate N/A)	thanene toett.	
NOT APPLICABLE		
10 I III Elenbee		
THI DECIDE		

The date of each amendment(s) adoption: 01/01/2023	, if other than the
date this document was signed.	
Effective date if applicable: 01/01/2023	
(no more than 90 days after amendment file da	te)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without share action was not required.	eholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the aby the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	, an-
Dated 2/16/23	
Signature	 
(By a director, president or Ther officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, of appointed fiduciary by that fiduciary)	
TIMOTHY SCHMIDT	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	