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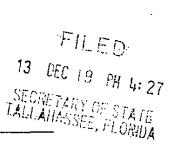
TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Rivers Ed	ge Farm, Inc.	
DOCUMENT NUMBER: P110000138	<u> </u>	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
William J. Wedg	e, Esq.	
	Name of Contact Persor)
Wedge Associat	tes LLC	
	Firm/ Company	
12180 South Shore Blvd. Ste 101A		
	Address	
Wellington, FL 3	3414	
	City/ State and Zip Code	
bill@wedgeassocia		
E-mail address: (to be	used for future annual report	notification)
P E. ak i. Camarati		
For further information concerning this matter, ple	ease can:	
William J. Wedge, Esq	_{at (} 561	324-3455
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount mad	e payable to the Florida Depa	urtment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fec Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street	Address
Amendment Section		ment Section
Division of Corporations		on of Corporations
P.O. Box 6327		Building

Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Rivers Edge Farm, Inc.

ravolo Eago raini, ino.			·····································
(Name of Corporation as	currently filed with the Flo	rida Dept. of State)	0/14[
P11000013852			
(Documer	nt Number of Corporation (if	known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adopts the following	3 amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
n/a			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	" "company," or "incorporated" or the about of the about	obreviation contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		Wedge Associates LLC	
		12180 South Shore Blvd Ste 101A	
		Wellington, FL 33414	•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Wedge Associates LLC	
		12180 South Shore Blvd Ste 101A	•
		Wellington, FL 33414	•
D. If amending the registered agent an		ess in Florida, enter the name of the	
new registered agent and/or the new registered office address: Name of New Registered Agent William J. Wedge, Esq.			
110000	12180 South Sho	re Blvd. Ste 101A	
	(Florida stree	•	
New Registered Office Address:	Wellington	Florida 33414 (Zip Code)	_
	(City)	(Zip Code)	
New Registered Agent's Signature, if c	hanging Degistered Agents		
		ith and accept the obligations of the position.	
		•	

Signature of New Registered Agent, if changing

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

(Attach additional sheets, if necessary)

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

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

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

X Change	PT Jo	<u>hn Doe</u>	
X Remove	<u>v</u> <u>m</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PT	Kenneth G. Berkley	12940 Mizner Way
Add			Wellington, FL 33414
Remove			
2) Change	<u>V</u>	Scott H. Stewart	12940 Mizner Way
Add			Wellington, FL 33414
Remove			
3) Change	<u>s</u>	Marilou Case	6 Kentworth Court
✓ Add			Flemington, NJ 08822
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			·
. []			
6) Change			
Add			
Remove			

if amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	, , , , , , , , , , , , , , , , , , ,
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
/a	

The date of each amendment(s) add	option:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	-
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suf	nted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
_	(voting group)	
The amendment(s) was/were adoptaction was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder	
Dated December	er 6, 2013	
	er 6, 2013 Manlau Care	
(By a die	rector, president or other officer – if directors or officers have not been	
	, by an incorporator - if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	
	Marilou Case	
- -	(Typed or printed name of person signing)	
: -	Secretary	
	(Title of person signing)	