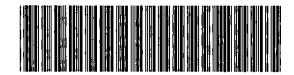
P110000067171

(Requestor's Name)
(Address)
(Addless)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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NECKETARY OF STATE
TALLAHASSEF, FIRBIN

C.M. 8-26-14

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: HERB YOUR ENTHUSIASM DOCUMENT NUMBER: P11000067171
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ROGER ROBERTS
ROGERS BERRIES AND PRODUCE
2100 ALLISON AVENUE
PANAMA CITY BEACH, FLORIDA City/ State and Zip Code 2010 9
E-mail address: (to be used for future annual report notification) 3240 8
For further information concerning this matter, please call:
ROBER ROBERTS at 1850, 866-7951
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

to

Articles of In	-		
HERB YOUR ENTH	USIASM		
(Name of Corporation as currently filed with the I	Florida Dept. of State)		
(Document Number of Corporation ((if known)	-	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following	g amend	lment(s)
A. If amending name, enter the new name of the corporation: ROGERS BERRIE 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 must of	<u>t</u> The 1 bbrevial contain	new tion the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)			
	[0] [7]		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TAL AH	14 AUG	
D. If amending the registered agent and/or registered office add		20 PH I	T
new registered agent and/or the new registered office addres	ss: Orași	կ։ 2	The state of the s
Name of New Registered Agent	- N/17 - 5m	Ċ	
(Florida st	treet address)		
New Registered Office Address: (City	y) , Florida, Florida	-	
New Registered Agent's Signature, if changing Registered Agen	it:		
Thereby accept the appointment as registered agent. I am familiar	with 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 officerheld. President, Treasurer, Director would be PTD.

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

Example:		iy simin, sir us un nuu.			PS F
X Change	<u>PT</u>	John Doe			14 AUG SECRET
X Remove	<u>V</u>	Mike Jones			14 AUG 20 SECRETARY
X Add	<u>sv</u>	Sally Smith			76 79
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s	PM 4: 29
1) Change		_		· · ·	5 F
Add					
Remove					
2) Change			NH		
Add			,		
Remove					
3) Change			·		
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Remove				, 	
4) Change			NIK		
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5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

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an amendment provides for an exc provisions for implementing the amo	nange, rectassincation endment if not contain	ed in the amendm	ent itself:	
(if not applicable, indicate N/A)				
				
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		701	1	<u> </u>
				·

The date of each amendment(s) adoption:	, if other	r than the
Effective date if applicable: (no more than 90 days after amendment file date)	<u> 1014</u>	
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	TASEC TAB	(Ageo
by	26 8	ACCEPTED.
action was not required.	20 PM 4: 29 ARY OF STATE ASSEE, FLORIDA	T
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator—if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) (Typed or printed name of person signing)		
(Title of person signing)		