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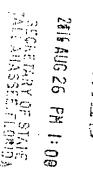
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Utigh's VIBAR FARMS, Inc.
DOCUMENT NUMBER: P13000010367
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
David Smiles
Name of Contact Person
Uriah's Viban Farms
Firm/ Company
575/ East Vigna St.
Address
Tampa FL. 33610
City/ State and Zip Code Farmu dave Ouriah Surbanfarms. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David Smiles at (8/3) 775-8657
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 & Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment Section

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

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

Articles of Amendment

to Articles of Incorporation

	of	
Uriah's Viban Fa	arms Inc.	·
(Name of Corporation as curr	rently filed with the Florida Dept. of State)	
	18367	
(Document Numb	per of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the corporation	<u></u> 1//4	
name must be distinguishable and contain the word "corpor	ration," "company," or "incorporated" or	The new the abbreviation?
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc,"	or "Co". A professional corporation name	must contain the
word "chartered," "professional association," or the abbreviation	11/1	22 5
B. Enter new principal office address, if applicable:	/\///	<u> </u>
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		7 <u>10</u>
C. Enter new mailing address, if applicable:	AIIA.	i na sa ti i i i i i i i i i i i i i i i i i i
(Mailing address MAY BE A POST OFFICE BOX)	/\//4	
	/	
D. If amending the registered agent and/or registered office a		
new registered agent and/or the new registered office add	iress:	
Name of New Registered Agent	10/71	
	/	
(Florid	la street address)	
New Registered Office Address:	, Florida	
	(Ciry)	(Zip Code)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famil		cition
r noreby accept the appointment as registered agent. Tum jumi	na win and accept the bougations of the pos	ation.
	a (1) 1	
/(VIH	
Signature of N	ew 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>PS</u>	Brian Althorer	525 / E. Diana St.
Add			Tampa, FL. 33610
Remove			
2) Change	<u>PS</u>	David Smiles	575/ E. Diana St.
-X Add			mmph P1. 376/0
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
	/V//	
	,	
		** · · · · · · · · · · · · · · · · · ·
		·
f an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or cancellation of issued shares adment if not contained in the amendment itself:	<u>i.</u>
(if not applicable, indicate N/A)	NIA	
	/	

The date of each amendment(s) adoption: 4445f 90/6, if other than the
date this document was signed.
Effective date if applicable: August 95,2016
(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 not be listed as the document's effective date on the Department of State's records.
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)
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 Avgrst 25 2016 Signature 1
(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)
David Smiles
(Typed or printed name of person signing)
PED

(Title of person signing)