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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Prohibiti	on Products, In	C.	
DOCUMENT NUMBER: P13000050			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this r	matter to the following:		
Barry Holland	ler		
	Name of Contact Persor	1	
Prohibition Pr	oducts, Inc.		
<del></del>	Firm/ Company		
319 Clematis	Street, Suite 10	008	
	Address		
West Palm Be	each, FL 33401		
	City/ State and Zip Code		
bhollander1@gn	•		
	used for future annual report	notification)	
(10 00		,	
For further information concerning this matter, ple	ease call:	,	
Barry Hollander	<sub>at (</sub> 561	249-6511	
Name of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for the following amount made	de payable to the Florida Depa	rtment of State:	
□ \$35 Filing Fee & Certificate of Status	-	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address	Street .	Address	
Amendment Section	Amend	Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		Building xecutive Center Circle	

Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation**

## Prohibition Products, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

ent(s) to

P 13000036239	
(Document Number of Corporation	n (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendm
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," oword "chartered," "professional association," or the abbreviatio	r "Co". A professional corporation name must contain th
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office at new registered agent and/or the new registered office addr	
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	, Florida
(C	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	
Signature of New Registers	ad Agant 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	PT Job	nn Doe	
X Remove		ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	B. Michael Friedman	
Add			
Remove			
2) Change	P	Anthony S. Thomas	319 Clematis St., #1008
Add			West Palm Bch, FL 33401
Remove			
3) Change	CCEO	B. Michael Friedman	_
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add	<del></del>		
Remove			<del></del>
			<del> </del>
6) Change			
Add			
Remove			

tach additional sheet	s, if necessary).	(Be specific)		
18				
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n amendment prov	vides for an exch	ange, reclassification, ndment if not containe	or cancellation of iss	ued shares,
(if not applicable,	indicate N/A)	idilent ii not containe	a in the amendment	useii;
			<u> </u>	

The date of each amendment(s) adoption:	, 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) (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 November 5, 2014	
Signature Rellevels	
(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)	
Barry Hollander	
(Typed or printed name of person signing)	
Secretary, Chief Financial Officer	
(Title of person signing)	