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2010 SEP 13 P 3: 36
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: Kerby Dairy Inc		
DOCUMENT NUMBI	P96000008509		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
T	ina Singletary		
		Name of Contact Person	· · · · · · · · · · · · · · · · · · ·
7	ina B Singletary Inc		
_		Firm/ Company	
F	O Box 58		
_		Address	
M	/layo, FL 32066		
_		City/ State and Zip Cod	e
сра@у	vindstream.net		
<u> </u>	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Tina Singletary		at (<u>386</u>	294-1040
Name of Contact Person Area Code & Daytim		de & Daytime Telephone Number	
Enclosed is a check for	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)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 massee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Kerby Dairy Inc		
(Name of Corpor	ation as currently filed with the Florida Dep	t. of State)
P96000008509		
(Doc	cument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this <i>Florida Profit Corporation</i> a	dopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:	
Kerby Farms Inc		The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "Co". A professional corpora	orated" or the abbreviation
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A.		
		-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)	
D. If amending the registered agent and/or registered agent and/or the new registered		ne of the
-	ed office address.	
Name of New Registered Agent		
	(National Day)	
	(Florida street address)	
New Registered Office Address:	(City)	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing R		
I hereby accept the appointment as registered agent	t. I am familiar with and accept the obligation	s of the position.
		2
		T B ST
Si	gnature of New Registered Agent, if changing	(A) 7:
		الله الله الله الله الله الله الله الله
		© :

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 Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
2) Change			<u></u>
Add			-
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)
	
	
	
	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adop	otion:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendmen	nt file date)
Note: If the date inserted in this bloc document's effective date on the Depa	ck does not meet the applicable statutory filing retrient of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes east to cient for approval.	for the amendment(s)
☐ The amendment(s) was/were appromust be separately provided for ea	ved by the shareholders through voting groups. The ch voting group entitled to vote separately on the	ne following statement amendment(s):
	the amendment(s) was/were sufficient for approva	nl
by	(voting group)	"
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder ac	ction and shareholder
☐ The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action	and shareholder
Dated	9/5/18	
Signature	Juanno Su Kerl	
(By a direct	etor, president or other officer – if directors or offi	cers have not been
	by an incorporator – if in the hands of a receiver, tr	rustee, or other court
appointed	fiduciary by that fiduciary)	
	Sue Kerby (Typed or printed name of person signing	
)
	Secretary (Title of person signing)	
_	(Title of person signing)	

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