P96000045039

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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPO	RATION: Saw Palme BER: P96000045	etto Berries Co-c 6039	op of Florida, Inc.		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.			
Please return all corre	spondence concerning this ma	itter to the following:			
	Gregory P. Za	ino			
	Saw Palmetto	Name of Contact Person Berries Co-o	p of Florida, Inc.		
Firm/ Company					
	1206 Kings Way				
		Address			
	Naples, FL 34	**********			
		City/ State and Zip Cod	e		
0.4	NA/DAL NAOOO				
SF	AWPALM@CO	MICAS I.NE I			
	E-mail address: (to be u	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
Gregory P	. Zaino	_{at (} 239	775-1243		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ma	iling Address	Street	Address		
	endment Section		Iment Section		
	ision of Cornorations	Division of Corporations			

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 Articles of Incorporation

Saw Palmetto Berries Co-op of Florida, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)
P9600045039

(Document Number of Corporation (if know	vn)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florid</i> ts Articles of Incorporation:	la Profit Corporation adopts the following amend
A. If amending name, enter the new name of the corporation:	
	The n
ame must be distinguishable and contain the word "corporation," "c Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co".	company," or "incorporated" or the abbreviati
corp., inc., or Co., or the designation Corp, inc, or Co., or Co., or co., or co., or co., or the abbreviation "P.A."	
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
micipal office address <u>most be A STREET ADDRESS</u>)	2. 1
	3
Enter new mailing address, if applicable;	i in
(Mailing address MAY BE A POST OFFICE BOX)	
	••
If amending the registered agent and/or registered office address in	Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street ada	dress)
New Registered Office Address: (City)	, Florida(Zip Code)
(Oily)	(24 5500)
ew Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar with ar	nd 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	<u>PT</u> <u>Jo</u>	ohn Doe	
X Remove	<u>V</u> <u>N</u>	fike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>V</u>	Camille Zaino	1206 Kings Way
X Add			Naples, FL 34104
Remove			
2) Change			
Add			
Remove			
3) Change			
Add	,		
Remove			
4) Change			·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary). (Be speci	fic)			
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an amendment provides for an ex	change, recla	assification,	or cancellatio	n of issued sl	nares,
rovisions for implementing the an (if not applicable, indicate N/A)	mendment if	not containe	d in the ame	ndment itself:	
(ij noi applicable, indicale 1971)				•	
					
				 	
					
<u> </u>			·		

The date of each amendment(s) adoption: October 24, 2012
Effective date if applicable: October 24, 2012
(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)
(voling 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.
October 24, 2012
) Se phes
Signature (By a director, president of 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)
Gregory P. Zaino
(Typed or printed name of person signing)
President
(Title of person signing)

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