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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations NAME OF CORPORATION: \_\_\_\_\_\_ Dan Griffin Sod Company, Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **Todd Griffin** Name of Contact Person Firm/ Company 16392 East Trafalgar Drive Address Loxahatchee, FL 33470 City/ State and Zip Code griffinsod@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Todd Griffin Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

## **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

is enclosed)

Articles of Amendment
to
Articles of Incorporation
of

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

Articles of Incorporation
(Name of Corporation as currently filed with the Florida Dept. of State) Dan Griffin Sod Company, Inc. 691786 ent(s) to

	(Document Number of	of Corporation (if known)	٠,
Pursuant to the provisions of section 607, its Articles of Incorporation;	1006, Florida Statutes, this	Florida Profit Corporation	adopts the following amendme
A. If amending name, enter the new na	me of the corporation:		
Not Applicable			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design- word "chartered," "professional associat	ation "Corp," "Inc," or	"Co". A professional corpo	porated" or the abbreviation
B. Enter new principal office address, (Principal office address MUST BE A ST		Not Applicable	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Not Applicable	
D. If amending the registered agent an- new registered agent and/or the new			ame of the
Name of New Registered Agent	Not Applicable	<u></u>	
	(Florida s	treet address)	<u></u>
New Registered Office Address:			Florida
		(Cuy)	(Zīp Code)
New Registered Agent's Signature, if ch			
I hereby accept the appointment as registe	ered agent, - Lam familiar	with and accept the obligation	ons of the position.
	Signature of New	Registered Agent, if changing	K

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>	John Do	<u>v</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>rith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	T	_	Todd E. Griffin	16392 East Trafalgar Drive
X Add				Loxahatchee, FL 33470
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change		_		<del></del>
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)	
Not Applicable	
· · · · · · · · · · · · · · · · · · ·	
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	- <del></del> -
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
Not applicable	
· · · · · · · · · · · · · · · · · · ·	
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The date of each amendment(s) a date this document was signed.	doption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
October 8	, 2018	
Dated	111111	
Signature		
(By pot	firector, president or other officer – if directors or officers have not been ed, by in incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	_
	Todd E. Griffin	
	(Typed or printed name of person signing)	<del></del>
	Treasurer	
	(Title of person signing)	