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TO: Amendment Section

Division of Corporations NAME OF CORPORATION: GREEN LIGHT UPS INC. DOCUMENT NUMBER: F8/480 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ROBERT DURHAM)
Name of Contact Person GILEEN LIGHT LIPS INC 800 NE 42 St.
Address SOMPANO BCH, FL 33064
City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person

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: X \$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 is enclosed) Street Address Mailing Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, Fl. 32303

Articles of Amendment to Articles of Incorporation of

I	GREENLIGHTUPS, INC.
(Name of Corpora	ition as currently filed with the Florida Dept. of State)
	F81480
(Docu	ument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	cor;poration:
	The new
	corporation," "company," or "incorporated" or the abbreviation "Corp" c," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicab	
(Principal office address MUST BE A STREET AL	DDRESS)
	90 702
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	BOX)
D. If amending the registered agent and/or regist new registered agent and/or the new registere	tered office address in Florida, enter the name of the
new registered agent and/or the new registere	a office address.
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	1007
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	egistered Agent: I am familiar with and accept the obligations of the position.
Sig	nature of New Registered Agent, if changing
Check if applicable ☐ The amendment(s) is/arc being filed pursuant to s	s. 607.0120 (11) (c), F.S.

☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder

action was not required.

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>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>\$V</u>	Sally Sr	nith	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Artic Attach additional sheets, if necessary).	
	
If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
	ndment if not contained in the amendment itself:
• • • • • • • • • • • • • • • • • • • •	OF THIS AMENDMENT ADOPTED ON 12/17/2019
WESLEY SHREVE EXCHA	NGES 26 SHARES to ROBERT DURHAM
UESLEY SHREVE EXCH	langes 24 SHARES to CLARA KNIERIM
ROBERT DURHAM NO	
CLARA KNIERIM NO	

The date of each amendment(s) adoption date this document was signed.	n: 12/17/2019	, if other than the
Effective date if applicable:	12 /1/7 / 2019 (no more than 90 days after amendment	file date)
Note: If the date inserted in this block do	oes not meet the applicable statutory filing recent of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficien	y the shareholders. The number of votes cast for approval.	or the amendment(s)
	by the shareholders through voting groups. The oting group entitled to vote separately on the a	
"The number of votes cast for the	amendment(s) was/were sufficient for approva	I
by		
,	(voting group)	
Dated //14/.	2020 A	1 AL
(By a director, selected, by an	president or other officer – if directors or officential incorporator – if in the hands of a receiver, trucking by that fiduciary)	
	Robert Dur Hi7m (Typed or printed name of person signing)	
	PICSIDENT: (Title of person signing)	
	(Title of person signing)	

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