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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: <u>CUSTOM HERBICIDE HPPLICATORS</u>, Inc. DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PARKER A. DAVIS

Name of Contact Person CUSTOM HERBICIDE APPUCATORS, INC. 2181 SW WATERVIEW PZ. PALM CMY, FL. 34990 Calmcity davis @ gmail, com
E-mail address: (to be used for future abrual report notification) For further information concerning this matter, please call: ARKEN A, DAUIS at (772) 220-0232

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: \$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 enclosed) Certified 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

(Additional Copy is enclosed)

Articles of Amendment to

4	Articles of Incorporation	on	
	Яf	_	2009 550
CUSTOM HEKBICI	IDE HPPLICE	ATORS, Inc.	2009 SEP -4 TALLERETARY
(Name of Corporation as curre		ia Dept. of State)	TALLAHARY OU
			2009 SEP -4 TALLAHASSEE, F
(Document Nun	nber of Corporation (if kno	own)	•
rsuant to the provisions of section 607.100 endment(s) to its Articles of Incorporation:	6, Florida Statutes, this F	lorida Profit Corporati	on adopts the follo
If amending name, enter the new name of	f the corporation:		
			The new
me must be distinguishable and contain breviation "Corp.," "Inc.," or Co.," or the me must contain the word "chartered," "pro	e designation "Corp," "Inc	c," or "Co". A profess	ional corporation
Enter new principal office address, if app			
rincipal office address <u>MUST BE A STREE</u>	<u>'T ADDRESS</u>)		
			
			-, -, -, -, -, -, -
Enter new mailing address, if applicable			
(Mailing address MAY BE A POST OFFIC	<u>CE BOX</u>)		
			
If amending the registered agent and/or r		in Florida, enter the na	me of the
new registered agent and/or the new regis	stereu omce auuress:		
Name of New Registered Agent:		**************************************	
New Registered Office Address:	(Florida street d	address)	
		, Florida (Zip Code)	1
	(City)	(Zip Code)	
ew Registered Agent's Signature, if changi			
ereby accept the appointment as registered a	igent. I am familiar with a	and accept the obligation	ns of the position.
S	Signature of New Registere	d Agent, if changing	

Page 1 of 3

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)

<u>Name</u>	Address	Type of Action
Bryan E. Long	2682 Conifer Dr	Add ∴ X Remove
	34951	- Kemove
		_ □ Add □ Remove
Parker A. Davis	2181 SW Waterview Palm City, Fi. 34990	Add Remove
additional sheets, if necessary). (Be speci	ific)	
mendment provides for an exchange, rec	classification, or cancellation of is	sued shares.
ions for implementing the amendment if		
not applicable, indicate N/A)		
	· · · · · · · · · · · · · · · · · · ·	
	Bryan E. Long Parker A. Davis Inding or adding additional Articles, enter additional sheets, if necessary). (Be speci-	Bryan E. Long 2682 Conifer Dr FT. PIERCE, EL 3 4951 Parker A. Davis 2181 Sw Waternew Raim City, Ec. 34970 Adding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific) mendment provides for an exchange, reclassification, or cancellation of is ions for implementing the amendment if not contained in the amendment

he date of each amendment(s) adoption: JUNE 1, 2009	
Iffective date if applicable: JUNC 15, 2009	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
(CILLOI OT I I I I I I I I I I I I I I I I I	
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):	ıt .
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
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 $8-31-09$	
Signature Parker a. Navis	
(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)	
PARKER A. DAVIS	
(Typed or printed name of person signing)	
President	
(Title of person signing)	