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| (F | Requestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (E | Business Entity Name) | |
| (Document Number) | | |
| Certified Copies | Certificates of S | Status |
| Special Instructions to Filing Officer: | | |
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SECRETARY OF STATE,
TALLAHASSEE FISIALE,

And Company of the state of the

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COVER LETTER

Division of Corporations NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification For further information concerning this matter, please call: (Name of Contact Person) (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 Certified Copy (Additional Copy is enclosed) Enclosed) Street Address Mailing Address Amendment Section Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

GRASSROOTS FLORIDA, INC.

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

N15000007935

(Document Number of Corporation (if known)

| A. If amending name, enter the new name of the N/A | corporation: | The new | |
|--|--------------------------|-----------------------|--|
| name must be distinguishable and contain the word | • • | | |
| "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applica | 4200 SW 54th Ave | | |
| (Principal office address <u>MUST BE A STREET A</u> | | | |
| | <u> </u> | 7.2 | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | 4200 SW 54th Ave | Fig. 5 | |
| | Davie, FI 33314 | F 22 T | |
| | | enter the name of the | |
| D. If amending the registered agent and/or registered agent and/or the new register | | enter the name of the | |
| Name of New Registered Agent: | Kendra Silvera | ア | |
| traile of the registered figure. | 4200 SW 54th Ave | · | |
| Non Project of Control of Control | (Florida street address) | | |
| New Registered Office Address: | Davie | 33314 , Florida | |
| | | | |
| | (City) | (Zip Code) | |
| New Registered Agent's Signature, if changing I l hereby accept the appointment as registered agen | Registered Agent: | • | |

Page 1 of 4

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 <math>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: XChange Remove Add | PT John Do V Mike Jo SV Sally S | <u>oneş</u> | |
|-------------------------------|---------------------------------------|------------------|---|
| Type of Action (Check One) | Title | Name | Address |
| X Change | VP | MARKO SANGINETTO | *************************************** |
| Add | | | |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Add | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 6) Change | <u> </u> | | · |
| Add | | | · |
| Remove | | | |

| E. If amending or adding additional Articles, enter change(s) here: | | | | |
|--|---|--|--|--|
| (attach additional sheets, if necessary). | (Be specific) | | | |
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| | te this document was signed. | , if other than the |
|------------|--|---------------------|
| Effe | fective date <u>if applicable</u> : | |
| | (no more than 90 days after amendment file date) | |
| Not doc | te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not cument's effective date on the Department of State's records. | be listed as the |
| Add | doption of Amendment(s) (<u>CHECK ONE</u>) | |
| | The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval. | |
| | There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. | |
| | Dated 10.20-15 | |
| | Signature Signature | <u></u> |
| | (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | |
| | Kendra Silvera | |
| | (Typed or printed name of person signing) | |
| | President | |
| | (Title of person signing) | |