

N24000007351

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	on: <u>GROWING U</u>	INITED SOLUTIO	DNS G.U.	S. CORPORATION
DOCUMENT NUMBER:	N24000007351			
The enclosed Articles of An	nendment and fee are sub	mitted for filing.		
Please return all correspond	ence concerning this matt	er to the following:		
		Sonia Becerra		<u></u>
		(Name of Contact Perso	n)	
		Swyft Filings		
		(Firm/ Company)		<u> </u>
		C N #		
		3 Greenway Plaza #1320 (Address)		
		(Addiess)		
		Houston, TX 77046		
		(City/ State and Zip Cod	le)	
	trac	cy.lavender888@gma	il.com	
	-mail address: (to be use	d for future annual report	notification	n)
For further information con-	cerning this matter, please	e call:		
	Sonia Becerra	at		877-777-0450
	(Name of Contact Person	(A	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida Dep	partment of	State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	D Filing Fee cate of Status led Copy cional Copy is sed)
Mailing Address		Street	Address	

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

GROWING UNITED SOLUTIONS G.U.S. CORPORATION

(Name of Corporation as currently filed with the Flor	rida Dept. of State)	· -		
	N24000007351			
(Document)	Number of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit C	orporation adopts the fo	llowing	
A. If amending name, enter the new name of the cor	poration:	7	The new	
name must be distinguishable and contain the word "con "Company" or "Co." may not be used in the name.	rporation" or "incorporated" or the a			
B. Enter new principal office address, if applicable:			<u>. </u>	
(Principal office address <u>MUST BE A STREET ADDR</u>	RESS)		!	
	<u>.</u>			
			- ;	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	7	Ő	:	
(maning duaress MAT BL A TOST OF FICE BOX	<i></i>			
	-	1	<u>-</u>	
		<u>:</u>		
D. If amending the registered agent and/or registere	d office address in Florida, enter the	name of the		
new registered agent and/or the new registered of	ffice address:			
Name of New Registered Agent:	Tracy Lave	nder		
	240 W. 11th Street			
	(Florida street			
New Registered Office Address:			_	
	Jacksonville	, Florida <u>3220</u> (Zip Code)	6	
	(City)	(Zip Coae)		
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent.	tered Agent:	tions of the position.		
Thereby accept the appointment as register as a gament	rock Q Ha	20000	\triangle	
X—	Signature of New Registered Agen	t, 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.

Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>		<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				
E. If amending or addir (attach additional shee			cles, enter change(s) here: (Be specific)	
		_		

	<u> </u>	
		
		
		
	9/24/2024	
The date of each amendment(s) adoption:	9/24/2024	, if other than the
date this document was signed.		
Effective date if applicable:		
	more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department	not meet the applicable statutory filing requirements, this date will nof State's records.	ot be listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)	

. .

Signature

(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)

(Typed or printed name of person signing)

(Title of person signing)

X

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.