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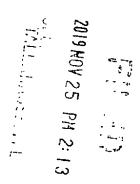
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C Kinsey

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPOR	RATION: WATER WIZARI	D IRRIGATION INC		
DOCUMENT NUM	BER:	·		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	DONNA WILLMAN			
		Name of Contact Person	n	
	WATER WIZARD IRRIGA	TION INC		
		Firm/ Company		
	PO BOX 930			
		Address		
	LADY LAKE FL 32158			
		City/ State and Zip Cod	e	
WAT	ERWIZARD671@EMBARQ	MAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
DONNA WILLMAN		at (352	753 -5974	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ling Address		Address	
	endment Section sion of Corporations	Amendment Section Division of Corporations		
D.112		D111310	o. oo.poimions	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

WATER WIZARD IRRIGATION INC

(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of	State)		
P0000001401					
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts	the following a	amendm	ent(s) t
A. If amending name, enter the new n	ame of the corporation:		7	he nev	4)
name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association,	Corp," "Inc," or "Co".	A professional corporation name	e ubbreviation	"Corp.,	
B. Enter new principal office address,		2332 SMITTY RD	() 	2019	
	(Principal office address <u>MUST BE A STREET ADDRESS</u>)			NON	,
		. <u> </u>	<u> </u>	25	
C. Enter new mailing address, if appl	icable:			- P14	· -
(Mailing address MAY BE A POST	OFFICE BOX)	N/A		<u></u>	. 52
			,	$\overline{\omega}$	
			•		
		 	.		
D. If amending the registered agent an new registered agent and/or the ne			f the		
	N/A				
Name of New Registered Agent		 			
	(Florido s	treet address)			
	N/A				
New Registered Office Address:		, Flo	rida (Zip Coc	le)	
		,	(,,,,	,	
New Registered Agent's Signature, if o					
I hereby accept the appointment as regis	tered agent. I am familiai	with and accept the obligations of t	he position.		
	Signature of New	Registered Agent, 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:

(Attach additional sheets, if necessary). (Be specific)

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	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
l) Change	т ———	BRANDON WILLMAN	2332 SMITTY RD	
Add			WEIRSDALE FL. 32195	
X Remove				
2) Change	<u>s</u>	PHILLIP A. WILLMAN	2332 SMITTY RD	
Add			WEIRSDALE FL 32195	
X Remove Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		·		
Add			·	
Remove				
6) Change				
Add				
Remove			 	
		Page 2 of 4		
E. If amending or add	ing additior	nal Articles, enter change(s) here:		

,		
	ge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:	
·····		
	· · · · · · · · · · · · · · · · · · ·	
	Page 3 of 4	
The date of each amendment(e) adoptions	, if other th	an el
date this document was signed.	. Il other th	an U
Effective date if applicable:		
	(no more than 90 days after amendment file date)	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	<u></u>
	(voting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder
action was not required.	dopted by the mediporators without shareholder action and shareholder
Dated	019
Signature(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	DONNA WILLMAN
	(Typed or printed name of person signing)
	VP
	(Title of person signing)