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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	:_ Turfir	nator Inc.	
DOCUMENT NUMBER: _	0020000		
The enclosed Articles of Amen	dment and fee are sul	omitted for filing.	
Please return all correspondence	e concerning this mat	ter to the following:	
Muil to my (Martin To, C. P.O. Box	Name of Contact Person Firm/ Company 15544 Address FL 344 City/ State and Zip Code	0 Y
E-n	pail address: (to be us	ed for future annual report	notification)
For further information concerr	ling this matter, pleas	e can:	
Maria Mcm	chan	at (352	650-6922
Name of Contac	t Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the follo	owing amount made p	payable to the Florida Depa	artment of State:
	43.75 Filing Fee & ertificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment S			Address Iment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation	
of	
Tulticator Inc	
(Name of Corporation as currently filed with the Florida Dept. of State)	
(Document Number of Corporation (if known)	_
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:	to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	П
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ED
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent Martin Merhahon	
3737 +3739 (one was) way Spling Will F(_ 3460
New Registered Office Address:	
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Sunature 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:

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> <u>John</u> 1	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name O + O	Address
1) Change	<u>Ρ</u>	JACKIER. MOORE	14137 Spring Hill Dr. Spring Hill, FL 34609
Add Remove			
2) Change Add	<u> </u>	Linette Moore	14137 Spring Hill Dr. Spring Hill FL 34609
Remove 3) Change Add	VP_	North Grider	14137 Spring Hill Dr. Spring Hill, FL 34609
Remove 4) Change Add	ρ_	Maretin McMahan	3737 Commercial Was Spring Hill, FL 34606
Remove 5) Change Add Remove	<u>1P</u>	Kimmemahan	3737 COMMERCIAL WAS Spring Hill, FL 34606
6) Change Add Remove			

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e .		ge, reclassification	i, or cancellation o	t issued shares,	
f an amendment p	ovides for an exchang		للماس من منصورة الساط في الأناس المناسبة	ent itself:	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 document's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by Jackie Moore Linette Moore.	
(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 5-31-18	
(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)	_
(Typed or printed name of person signing)	
(Title of person signing)	