## Doa W0135197

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And I



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: Green   | Earth Solutions, Ir   | <u>~</u>  |
|--|---|---|
| DOCUMENT NUMBER: PO 2000 13  | 35197   |   |
| The enclosed Articles of Amendment and fee a   | are submitted for filing.   |   |
| Please return all correspondence concerning the  | is matter to the following:   |   |
| Tracy K. Wo  | I fen barger  Jame of Contact Person  |   |
| Green Earth  | Solutions, Inc.   |   |
| 410-9 Blanding F   | Blud, # 219 Address   |   |
| Arange Park FL C  turfdocal  E-mail address: (to be use  | ity/State and Zip Code  SellSouth. Net d for future annual report notification)                         |   |
| For further information concerning this matter,  | please call:  |   |
| Tracy Wolfenbarger Name of Contact Person  | at ( 904 ) 880 - 5  | 5842<br>phone Number  |
| Enclosed is a check for the following amount n   |   |   |
| \$35 Filing Fee \$\times \text{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) |
| 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

## **Articles of Amendment** to **Articles of Incorporation** of

|   | •                          |  | -              |
|---|----------------------------|--|----------------|
| 1   |                            |  |                |
|   | Articles of Amendmen       | at   | APR 22 AMII:09 |
|   | to                         | າ.   |                |
|   | articles of Incorporation  | <016   |                |
| A   | of                         | اار<br>مریش  | APP 2. U       |
|   | UI                         | A STATE OF THE STA | ·              |
| Green Earth Sobutrons   | . Inc.                     | AA)  | Mr. 419/1:2    |
| (Name of Corporation as curre   |                            | la Dept. of State)   | 09             |
| P02000135797  | ,                          |  |                |
|   | ber of Corporation (if kno | own)   |                |
| Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:   | , Florida Statutes, this F | Clorida Profit Corporation adopts th   | e following    |
| A. If amending name, enter the new name of  | the corporation:           |  |                |
|   |                            | The  | new            |
| name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "prof. | designation "Corp," "Inc   | c," or "Co". A professional corpor   |                |
| B. Enter new principal office address, if appli   | icable:                    |  |                |
| (Principal office address MUST BE A STREET  |                            | <del></del>  |                |
|   |                            |  |                |
|   |                            |  |                |
|   |                            |  |                |
|   |                            |  |                |
| C. Enter new mailing address, if applicable:  | TE DAY                     |  |                |
| (Mailing address <u>MAY BE A POST OFFIC</u>   | <u>E BOX</u> )             |  |                |
|   |                            |  |                |
|   | <del></del>                |  |                |
|   |                            | _  |                |
| D. If amending the registered agent and/or re   | gistered office address i  | n Florida, enter the name of the   |                |
| new registered agent and/or the new register  |                            |  |                |
| Name of New Registered Agent:   |                            |  |                |
| Name of New Registered Agent.   |                            |  |                |
|   |                            |  |                |
| New Registered Office Address;  | (Florida street d          | address)   |                |
|   |                            | _, .,  |                |
| -   | (C:)                       | , Florida  | -              |
|   | (City)                     | (Zip Code)   |                |
| New Registered Agent's Signature, if changing   | g Registered Agent:        |  |                |
| I hereby accept the appointment as registered ag  |                            | and accept the obligations of the posi   | tion.          |
|   | •                          | , 5 , 1  |                |
|   |                            |  |                |

Signature of New Registered Agent, if changing

|                | ng the Officers and/or Directors, enter the  |                                 | rector being                            |
|----------------|--|---------------------------------|---|
|                | nd title, name, and address of each Offic<br>ditional sheets, if necessary)                                | er and/or Director being added: |   |
| <u>Title</u>   | <u>Name</u>  | <u>Address</u>                  | Type of Action  Add Remove              |
|                |  |                                 | -<br>_ □ Add<br>_ □ Remove              |
|                |  |                                 | _ □ Add<br>□ Remove                     |
|                | ding or adding additional Articles, enter additional sheets, if necessary). (Be speci                      |                                 |   |
| Please         | amend ownership<br>Welfenbarger - 50%  | of Shaves from!                 |   |
| Trany          | W6 (fenbarger - 50°/6  |                                 |   |
|                | Change +6:   |                                 |   |
|                | Wolfenbarger - 51%<br>Wolfenbarger - 49%   | Fray Word                       | Jubuyen President<br>Ah - Vice Presiden |
| <u>provisi</u> | mendment provides for an exchange, recions for implementing the amendment if not applicable, indicate N/A) |                                 |   |
|                | Wolfenbauger -51%<br>Wolfenbauger - 49%  | Frong Worse                     | - President<br>Vice President           |
|                |  |                                 |   |

| The date of each amendment(s) adoption: $\triangle vil (a, 20)$  |
|--|
| (date of adoption is required)   |
| Effective date if applicable: April 12, 2016  (no more than 90 days after amendment file date)   |
| (no more than 90 days after amendment file date)   |
| 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 ."  |
| 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 April 12, 2016   |
| Signature (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) |
| Tracy E, Wolfenbarger  (Typed or printed name of person signing)   |
| President  |
| (Title of person signing)  |