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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	WAIT .	MAIL
(Bı	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: PLANT IT EARTH INC DOCUMENT NUMBER: PO3000073360
DOCUMENT NUMBER: POSOOO 15560
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DAVID A. NAIL CPA Name of Contact Person Divorsified Accounting F. Tax U.C. Firm/Company 4933 S. West-shape Blud Address TAMPA FL 33611 City/ State and Zip Code City/ State and Zip Code Company E-mail address: (to be used of future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) \$35 Filing Fee & Certificate of Status (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment Articles of Incorporation (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I firm familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

New Registered Office Address:

Florida_

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.

X Change	<u>PT</u>	John De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	mith_	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	_5	.	Kristin D. Melansn	PLANT City FL 3356
Add				PLANT City FL 3356
Remove				
2) Change		···		
Add				
Remove				
3) Change				
Add				00
Remove				_2, ω 2π . ω
4) Change				<u></u>
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add		-		
Remove				

Attach additional sheets, if necessary). (Be specific)		
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an amendment provides for an exchange, reclassification, or cancellation of issued share	ie.	
provisions for implementing the amendment if not contained in the amendment itself:		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		-
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		_
(if not applicable, indicate N/A)		-
(if not applicable, indicate N/A)		-
(if not applicable, indicate N/A)		-
(if not applicable, indicate N/A)		- - -

The date of each amendment(s) adoption:	, if other	than the
Effective date if applicable: (no more than 90 days after amendment file date)	1	
(no more than 90 days after amenament 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 antitled to vote separately on the amendment(s):		
"The number of votes cast for the amendment(s) was/were sufficient for approval		
(voting group)		
(voing group)	TI, MOV	~ 77
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	Ł	- Andrea - Andrea - Andrea
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	·5	1
Dated 10-27-14		្រ ភ
Signature Y		
(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)		
LSRETT MELANSON		
(Typed or printed name of person signing)		
(Title of person signing)		