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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Green Coast Home	es, Inc.	
DOCUMENT NUM	P03000132718	ŧ	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Piease return all corre	spondence concerning this ma	tter to the following:	
	Brian Sujevich		•
		Name of Contact Persor	1
		Firm/ Company	
	696 106TH AVE. NORTH		
		Address	
	NAPLES, FL 34108		
		City/ State and Zip Code	
acco	unting@greencoasthomes.com	1	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Kristen Cox		at (286-5919
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment 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)
	iling Address	· · · · · · · · · · · · · · · · · · ·	Address

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

Green Coast Homes, Inc.			
(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dep	t. of State)
Green Coast Homes, Inc.			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation a	dopts the following amendment(s
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corpor	orated" or the abbreviation
B. Enter new principal office address,	if applicable:	N/A	·
(Principal office address <u>MUST BE A S</u>			

C. Enter new mailing address, if appl	icable:		
(Mailing address MAY BE A POST		N/A	<u> </u>
			· ·
D. If amending the registered agent ar			me of the
new registered agent and/or the ne	w registered office addres	<u>is:</u>	
Name of New Registered Agent	N/A		
			• .:
	(Florida s	treet address)	
Non-Busintana I Office Additional	N/A		Ulosida
New Registered Office Address:		(City)	_, Florida (Zip Code)
			.*
New Registered Agent's Signature, if c			
I hereby accept the appointment as regis	tered agent. I am familiar	with and accept the obligation	
			ARE B I
	Signature of New	Registered Agent, if changing	
			_ c
			記せる。

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	DVPS	Carlton Hughes	823 SANTA MARGERITA LANE
Add			PUNTA GORDA. FL 33950
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Ađd			
Remove			
5) Change			
Add			
Remove			<u> </u>
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter chan (Attach additional sheets, if necessary). (Be specific)	ge(s) here:
N/A	
F. If an amendment provides for an exchange, reclassific provisions for implementing the amendment if not co	eation, or cancellation of issued shares, ontained in the amendment itself:
(if not applicable, indicate N/A)	
All shares transferred to DPT Brian Sujevich.	

	12/11/2017	
The date of each amendment(s)	adoption:	, if other than th
ate this document was signed.		
	2/11/2017	
ffective date <u>if applicable</u> :	<u>. </u>	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this ocument's effective date on the	s block does not meet the applicable statutory filing requirements, this date w Department of State's records.	rill not be listed as th
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted 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):	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
02/24/20	110	
selec	a director president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
••	Brian Sujevich	
	(Typed or printed name of person signing)	 -
	DPT - President	
	(Title of person signing)	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	