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(1	Document Number)	
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And

R. WHITE SEP 14 2018

2018 SEP 12 AM 11: 48 SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Polcats Irrigation I	nc.	
DOCUMENT NUME	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Robert Pohle		
		Name of Contact Persor	1
	Poleats Irrigation Inc.		
	·	Firm/ Company	
	11940 Fox Hill Road		
		Address	
	North Fort Myers, FLorida	33917	
		City/ State and Zip Cod	<u> </u>
•	2022		
puck.	2023@aol.com	sed for future annual report	notification)
	n-man address, (to be u	sed for future amidur report	normeation
For further informatio	n concerning this matter, plea	se call:	
Barbara Puckett		239 at (229-1980
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fe	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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations on Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

2018 SEP 12 AM 11: 48 Poleats Irrigation Inc. (Name of Corporation as currently filed with the Florida Depth of State) STATE TALLAHASSEE. FL CC6435309509 (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: 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 <u>MUST_BE A STREET ADDRE</u>SS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OF FICE 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 Office Address: 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.

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:

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>	Address
1) Change	S. T	Allyson Pohle	11940 Foxhill Road
Add			North Fort Myers, Florida
X Remove			33917
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s (Be specific)			
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f an amendment provides for an exc	nange, reclassification endment if not conta	ined in the amendme	ent itself:	
provisions for implementing the amo				
provisions for implementing the am (if not applicable, indicate N/A)				
provisions for implementing the amo				
provisions for implementing the amo				·
provisions for implementing the amo				
provisions for implementing the amo				
provisions for implementing the amo				
provisions for implementing the amo				
provisions for implementing the amo				
provisions for implementing the amo				

The date of each amendmen late this document was signed		, if other than th
_	September 10, 2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, the Department of State's records.	this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	ere adopted by the shareholders. The number of votes cast for the amen were sufficient for approval.	dment(s)
	ere approved by the shareholders through voting groups. The following led for each voting group entitled to vote separately on the amendment	
	s cast for the amendment(s) was/were sufficient for approval	
bv	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and sha	areholder
☐ The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	older
9/9/ Dated	8	
Signature _	Retable	
(By a director, president or other officer – if directors or officers have no	
	selected, by an incorporator – if in the hands of a receiver, trustee, or of appointed fiduciary by that fiduciary)	her court
	Robert Pohle	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	