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AUG 11 2017 S. YOUNG



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: GREENRIDGE S	SALES INC.				
DOCUMENT NUM	BER: P04000105649					
The enclosed Articles	s of Amendment and fee are s	ubmitted for filing.				
Please return all corre	espondence concerning this ma	atter to the following:				
	Preston M. Booth					
		Name of Contact Perso	on			
	Lutz, Bobo & Telfair, P.A.					
		Firm/ Company				
	2155 Delta Boulevard, Suite	210-B				
		Address				
	Tallahassee, FL 32303					
		City/ State and Zip Cod	le			
david	d.hess@audereventures.com					
	E-mail address: (to be u	sed for future annual report	notification)			
For further information	n concerning this matter, pleas	se call:	521 0900			
	of Contact Person	at (521-0890			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
inclosed is a check for	or 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301			

Articles of Amendment

to

Articles of Incorporat	ioi	n
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W P04000105649	ntly filed with the Florida Dept, of	State)		
(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopt	s the following a	mendment	(s) to
A. If amending name, enter the new name of the corporation:				
NA		T	he new	
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation	d" or the abb	raniation	
B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA			
		2.5	177	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA		<u> </u>	· ·
			. ,	:
) If amending the registered agent and/or registered off			<u> </u>	
 If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address 	oress in riorida, enter the name of	<u>the</u>		
Name of New Registered Agent NA				
(Florida's	treet address)			
New Registered Office Address: NA	, Flor	rida		
	(City)	(Zip Code	·)	

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:

 $P = President; \ \widetilde{V} = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	T	Gail A. Hess	P. O. BOX 8234
Add X Remove			Jupiter, FL 33468
!) Change	T	Robert J. Hess	19900 Collingdale Place
X Add			Montgomery Village, MD 20886
Remove			
) Change			
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an amer	ndment provi	des for an ex	change, recl	assification.	or cancellat	ion of issued	shares.	
<u>oroviston</u>	<u>is for impleme</u>	enting the an	<u>iendment if</u>	not contain	ed in the amo	endment itse	lf:	
(y no	ot a <mark>pplicable</mark> , i	naicaie N/A)						
<u>_</u>								
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The date of each amendment(s) adoption:	, if other than the
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 document's effective date on the Department of State's records.	will 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	
(voiing 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	
(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)	
David C. Hess	
(Typed or printed name of person signing)	
President	
(Title of person signing)	