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T. LEMIEUX

DEC - 1 2021

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: CERTIFIED IRRIGATION DESIGNS INC.  
DOCUMENT NUMBER: 05000166089

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rob HooGEVEEN  
Name of Contact Person  
CERTIFIED IRRIGATION DESIGNS INC  
Firm/ Company  
601-37th STREET NORTH  
Address  
ST. PETERSBURG FL 33713  
City/ State and Zip Code  
CERTIFIEDDESIGNSINC@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rob HooGEVEEN at (727) 437-6272  
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:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|---|---|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

CERTIFIED IRRIGATION DESIGNS INC.  
(Name of Corporation as currently filed with the Florida Dept. of State)  
P05000166089  
(Document Number of Corporation (if known))

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.



**E. If amending or adding additional Articles, enter change(s) here:**

(Attach additional sheets, if necessary). (Be specific)

[illegible]

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

N/A

10/11

The date of each amendment(s) adoption: 11/1/2021, if other than the date this document was signed.

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 will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ 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 \_\_\_\_\_"  
(voting group)

Dated 10/29/2021

Signature Rob Hoogveen  
(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)

Rob Hoogveen  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)