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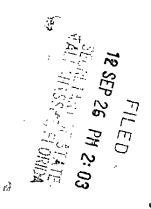
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COVER LETTER

TO: Amendment Section

Division of Corporations Gam sol NAME OF CORPORATION: 00000 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jennier Esposto Name of Contact Person Gamin Sod, INC.

Firm/Company
PO BOX 510

Address Ounclos FC , 33838

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jennifer Esposto at (803) 439 6550

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: 343.75 Filing Fee & Certificate of Status □\$43.75 Filing Fee & \$35 Filing Fee □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

to

	Articles of Incorporation		
C	of late	7	
(Name of Corporation as current)	y filed with the Florida Dept. of Sta	te)	
\ <u></u>	^	64088	
(Document Number	of Corporation (if known)	80010	
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	rida Statutes, this <i>Florida Profit Corp</i>	poration adopts the following	g amendment(s) to
•			
A. If amending name, enter the new name of the	e corporation:		
	T. (1) (2) (3)		_The new
name must be distinguishable and contain the ward "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the contact of the conta	orp," "Inc," or "Co". A profession	r "incorporated" or the at al corporation name must o	ontain the
B. Enter new principal office address, if applica			_
(Principal office address <u>MUST BE A STREET A</u>	DDRESS)	₹.	eri.
		, ,	Eg .
	 		8
C. Enter new mailing address, if applicable:		, S	F
(Mailing address <u>MAY BE A POST OFFICE</u>	<u> </u>	<u>\$0</u>	\$ 26 F
			T IT
		95	, %
			03
D. If amending the registered agent and/or registered agent and/or the new register		er the name of the	rf-
new registered agent and/or the new register	eu office aqui ess.		•
Name of New Registered Agent		<u> </u>	
	(Florida street address)		
New Registered Office Address:		_, Florida	
	(City)	(Zip Code)	
New Designand Agent's Signature if changing I	Desistand Agents		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent		obligations of the position.	
C:	May Pagistaned Agant if al-		
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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add	ı		
Remove			
2) Change		_	
Add		\ 1	\
Remove			\ <u> </u>
3) Change			
Add			\ \
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	•
ar amondment provides for an evol	nange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	_
Please n	notate that Joe Gamison, Presid
	50% shareholder and owner,
13 4130	, 0,000 MIN . 000,00 .
- CHECKI	innervately /
	•

Effective date <u>if applicable</u> : (no more	e than 90 days after amendment file date)
(no more	, ,
Adoption of Amendment(s) (CHECK ONE	<u>E</u>)
The amendment(s) was/were adopted by the shareholde by the shareholders was/were sufficient for approval.	ers. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the sharehold must be separately provided for each voting group entities.	
"The number of votes cast for the amendment(s) v	
by(voting group)	.,,
☐ The amendment(s) was/were adopted by the board of di action was not required.	
The amendment(s) was/were adopted by the incorporate action was not required.	ors without shareholder action and shareholder
Dated 9 7	112/
selected, by an incorporator -	her officer—if directors of officers have not been if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fid	Joe Garison
(Typed or p	printed name of person signing)
(Title of	f person signing)