P06000156906

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #/	
PICK-UP	WAIT	MAIL
(B ₁	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



400303412634

09/13/17--01023--014 **35.00

2017 SEP 13 AM 10: 18

SER 1 A 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: Loxal	natchee Irrigation Supp	ly, Inc.
DOCUMENT NUMB	P0600	00156906	ly, Inc. St. 3
The enclosed Articles of	f Amendment and fee	are submitted for filing.	
Please return all corresp	oondence concerning t	his matter to the following:	
	Henry	Dean, CPA	
		Name of Contact Person	
	Henry	Dean, P.A.	
- <u></u>		Firm/ Company	
	220 Geo	orge Bush Blvd.	
 -		Address	
	Delray E	Beach, FL 33444	
	-	City/ State and Zip Code	
	HenryDeanCF	A@Bellsouth.net	
	E-mail address: (to be u	ised for future annual report notification)	
For further information	concerning this matte	er, please call:	
Henry Dea	n, CPA	at (561) 276-203	0
Name of Co	ontact Person	Area Code & Daytime Te	
Enclosed is a check for	the following amount	made payable to the Florida Depar	tment of State:
\$35 Filing Fee []	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addre Amendment Sec Division of Cor P.O. Box 6327 Tallahassee, FL	etion porations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	le

Articles of Amendment

Articles of Incorporation

of

Loxahatchee Irrigation Supply, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P06000156906

(Document Number of Corporation (if known)



N/A		
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the mame must contain the word "chartered," "pr	ne designation "Corp."	"Inc." or "Co". A professional co
B. Enter new principal office address, if ap	plicable:	N/A
Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF).		N/A
(mailing unaress MAT BE A POST OFF)	<u> </u>	
) If amonding the project of the second second		
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office addr	ess in Florida, enter the name of th
new registered agent and/or the new reg	registered office addr istered office address: N/A	
D. If amending the registered agent and/or new registered agent and/or the new reg Name of New Registered Agent:	istered office address:	
new registered agent and/or the new reg	istered office address: N/A	
<u>new registered agent and/or the new reg</u> <u>Name of New Registered Agent:</u>	istered office address: N/A	eet address)
<u>new registered agent and/or the new reg</u> <u>Name of New Registered Agent:</u>	istered office address: N/A	veet address)
Name of New Registered Agent: New Registered Office Address:	istered office address: N/A (Florida str N/A (City)	eet address), Florida
<u>Name of New Registered Agent</u> :	istered office address: N/A (Florida str N/A (City) ing Registered Agent:	eet address), Florida (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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
wner,	Farah Martinez	6600 Duckweed Rd.	_ 🛭 Add
.P.		Lake Worth, FL 3344	Remove
			- -
			_ □ Add _ □ Remove
			_
			_ □ Add □ Remove
			_
E. If amend	ding or adding additional Articles,	enter change(s) here:	
(anden d	dditional sheets, if necessary). (Be	specific)	
N/A			
		 	
			
F. If an an	nendment provides for an exchange	e, reclassification, or cancellation of is-	sued shares,
<u>provisio</u> (if no	ous for implementing the amendment of applicable, indicate N/A)	nt if not contained in the amendment	<u>itself:</u>
N/A	,		
			
			
			

The date of each amendmen	2/23/17 t(s) adoption:
Effective date <u>if applicable</u> :	(date of adoption is required) 2/23/17
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
X The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following statement d 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)
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	7.5.17
selec	a director, president or other officer – if directors or officers have not been gied, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)
_	Jason Martinez
	(Typed or printed name of person signing)
	President
	(Title of person signing)