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JUN 10 2016 R. WHITE

TO: Amendment Section Division of Corporations

NAME OF CORROR	INON IAG F	VOLECE Comment	200
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	of Amendment and fee are su		
Please return all corresp	pondence concerning this ma	tter to the following:	
	Amanda (Name of Contact Person	
		Name of Contact Person	1
•	JAG EXPR	ESS CORPORATI	ON
-	<u> </u>	Firm/ Company	
_	10598 NW 500	th River Drive	•
	,	Address	_
	Medley II 33	3178 Second	floor
-	Medley, FL 3	City/ State and Zip Code	e
		•	
	dispatch @ Jage E-mail address: (to be us	xpless corp. com	n
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
A t a	Consila	7 જ	2140000
<u> </u>	Cepea a	at (at (de & Daytime Telephone Number
Name o	I Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mail	ing Address	Street	Address
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations	
	Box 6327	Clifton Building	
Talla	hoose El 2021/	3221 13	aranteria d'améan d'amala

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED 16 JUN -7 AM 10: 21

•			2.1
orporation		TO A LEGIS	Y Ch C Trans.
of Corporation as current	ly filed with the Florid	la Dept: of State	此是在江南語文
(Document Number of	f Corporation (if know	1)	
1006, Florida Statutes, this	Florida Profit Corpor	ution adopts the fo	ollowing amendment(s
me of the corporation:			
			The new
ation "Corp," "Inc," or '	'Co". A professional of		
if applicable: TREET ADDRESS)			
<u>cable:</u> <u>OFFICE BOX</u>)	Second flo	or	er Drive
	ress in Florida, enter t		
	_	Conc	
10598 MW 604	h River Drive	•	
Medley	(City)	, Florida_	33178 (Zip Code)
Medley. nanging Registered Agentered agent. I am familiar	(City) : with and accept the obl	igations of the po	(Zip Code) sition.
	(Document Number of 1006, Florida Statutes, this time of the corporation: Tain the word "corporation ation "Corp," "Inc," or tion," or the abbreviation of the abbrev	(Document Number of Corporation (if known 1006, Florida Statutes, this Florida Profit Corporation: Tain the word "corporation," "company," or "ation "Corp." "Inc." or "Co". A professional of the dion," or the abbreviation "P.A." If applicable: TREET ADDRESS) Cable: DFFICE BOX) Los 98 NW Lecond flow Medley, flower of the dional distribution of the distribution	(Document Number of Corporation (if known) 1006, Florida Statutes, this Florida Profit Corporation adopts the forme of the corporation: Itain the word "corporation," "company," or "incorporated" or ation "Corp." "Inc." or "Co". A professional corporation name ition," or the abbreviation "P.A." If applicable: TREET ADDRESS) Cable: OFFICE BOX) LOS 98 NW South Ride Second Floor Modley, fl 33178 d/or registered office address in Florida, enter the name of the vegistered office address: American Growing Bosiness Corp. 105 98 NW South River Drive (Florida street address) Modley (City)

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 X Remove X Add	<u>V</u> <u>Mike</u>	Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>P</u>	Christina Davis	640 N NOGAL ST Clewston, FL 33440
2) Change Add	<u> P</u>	Amanda Cepeda	Gewton, FL 33440
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add Remove			

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)	· · · · · · · · · · · · · · · · · · ·	icles, enter change(s) here: (Be specific)
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	date of each amendment(s) adopt	ion:	, if other than the
date	this document was signed.	•	
Effe	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
	e: If the date inserted in this block cument's effective date on the Depart	loes not meet the applicable statutory filing requirements, this ment of State's records.	date will not be listed as the
Ade	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were adopt was/were sufficient for approval.	ed by the members and the number of votes cast for the amen	dment(s)
ď	adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) wa	s/were
	Dated May 11	th /2016	
	have not been s	or vice chairman of the board, president or other officer-if delected, by an incorporator – if in the hands of a receiver, trustinted fiduciary by that fiduciary)	
		Christina Davis	
		(Typed or printed name of person signing)	
		OWner / Hesidert (Title of person signing)	
		(Title of person signing)	