P07000075360

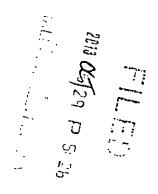
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Grangeford Holdin	ngs Inc.	
	BER: P07000075360		
The enclosed Articles	of Amendment and fee are so	abmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	Robert I. Thomas		
	-	Name of Contact Perso	n
	yers		
	 .	Firm/ Company	
	1850 Boy Scout Drive, #A10)3	
		Address	
	Fort Myers, FL 33907		
		City/ State and Zip Cod	ů
rthor	nas@assistinghands.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further informatic	on concerning this matter, plea		220-8711
Name of Contact Person		at (²³⁹	de & Daytime Telephone Number
	or the following amount made		·
■ \$35 Filing Fee	□S43.75 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Grangeford Holdings Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P07000075360 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(\$) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (Cin) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP 	Esther Jahnke	1850 Boy Scout Drive, #A103
Add X Remove			Fort Myers, FL 33907
2) Change	VP	Charisse Thomas	5611 Harborage Dr.
X Add			Fort Myers, FL 33908
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
		<u>. </u>		
				
		-		
<u> </u>				
		-	<u> </u>	
				-
				<u> </u>
		-		
If an amendment provides for an exch	ange, reclassification	n, or cancellation	of issued shares,	
provisions for implementing the amer (if not applicable, indicate N/A)	adment if not contain	ned in the amendi	ment itself:	
., , , , , ,				
		_		<u>-</u>
	<u></u>		<u> </u>	

•	October 22, 2018	
The date of each amendment(s):	doption:	, if other than the
date this document was signed.	ober 22, 2018	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date vepartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
October 2 Dated	2.2018	
Signature	let I. La	
(By a select	lirector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary)	
	Robert I. Thomas	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	