P08000014905

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(Ad	dress)			
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SECRETARY OF STATE
WAS AHASSEE, FLORE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SA 400E	me inc	
DOCUMENT NUMB	er: <u>P080000</u>	14905	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
	SLAUN CREE	NE	
-	SHAUN GREE	Name of Contact Person	1
	SA-GREENE IN	1 C	
_	SA-GREENE IN	Firm/ Company	
	1250 SW 70th A	VE	
-		Address	
	Protetion, FL	39317-	
		City/ State and Zip Cod	e
	Sag 8182@hot E-mail address: (to be us	mail.com	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas		
SHAUN GR	EENE	at (<u>9</u> 54_	de & Daytime Telephone Number
Name of	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	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amenc Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as cur	rrently filed with the Florid	da Dept. of State)	
P08000014905			
(Document Num	ber of Corporation (if know	n)	
Pursuant to the provisions of section 607,1006, Florida Statutes its Articles of Incorporation:	, this <i>Florida Profit Corpor</i>	ation adopts the fo	llowing amendment(s) to
A. If amending name, enter the new name of the corporation	on:		
GREENE HOUSE SERVICES	INC_		The new
name must be distinguishable and contain the word "corportion," "Inc.," or $Co.$," or the designation "Corp.," "Inc.," word "chartered," "professional association," or the abbrevia	oration," "company," or " or "Co". <i>A professional</i>	incorporated' or corporation name	the abbreviation
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS		<u>-</u>	
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 new registered agent and/or the new registered office ad Name of New Registered Agent	e address in Florida, enter dress:	-	MAIN: 13
(Flor	ida strect address)		
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Registered A Thereby accept the appointment as registered agent. I am fam	Agent: illiar with and accept the ob-	ligations of the pos	ition.

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			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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		16.70				
an amendment pro provisions for imple (if not applicable	menting the ame	nange, reclassifi ndment if not c	cation, or cance ontained in the a	llation of issue amendment its	d shares, elf:	
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The date of each amendment(s) adoption: date this document was signed.		12/13/16	, if other than the
Effective date if applicable:			
<u></u>	(no more than 90 days after a	mendment file date)	
Note: If the date inserted in this block does document's effective date on the Department		filing requirements, this date v	vill not be listed as the
Adoption of Amendment(s)	CHECK ONE)		
The amendment(s) was/were adopted by the shareholders was/were sufficient for	ne shareholders. The number of voor approval.	otes cast for the amendment(s)	
☐ The amendment(s) was/were approved by must be separately provided for each voti			
"The number of votes cast for the an	nendment(s) was/were sufficient fo	or approval	
by	voting group)	,,	
(1	voting group)		
☐ The amendment(s) was/were adopted by the action was not required.			
The amendment(s) was/were adopted by the action was not required.	ne incorporators without sharehold	er action and shareholder	
Dated/2/13/	16		
Signature	-		
	resident or other officer - if director		
	ncorporator – if in the hands of a rearry by that fiduciary)	eceiver, trustee, or other court	
	SHAW GREENE (Typed or printed name of perso		
	(Typed or printed name of perso	on signing)	
	(Title of person sign		
	(Title of person sign	ning)	