

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: P9 M SSING P4 Adoft SHM

Office Use Only



300278227483

10/22/15--01008--013 **35.00

FEB 17 2016

FILED

16 FEB 12 PH 4: 24

SECREIARY OF SIAIE



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 26, 2016

ROBIN K KARR 105 BANANA STREET TARPON SPRINGS, FL 33689

Ref. Number: P08000098181 SUBJECT: IT FEELS GOOD TO BE GREEN, INC.

We have received your document for IT FEELS GOOD TO BE GREEN, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filled and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please print the name of the corporation at the top of page one of the amendment document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 416A00001708

Redulatory Specialist II

gro.zidnus.www

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 26, 2015

ROBIN K KARR 105 BANANA STREET TARPON SPRINGS, FL 33689

SUBJECT: IT FEELS GOOD TO BE GREEN, INC.

Ref. Number: P08000098181

We have received your document for IT FEELS GOOD TO BE GREEN, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page one is missing from the document. All pages must be submitted with the articles of amendment. Please find enclosed and complete the missing page. Also, please indicate the name of your corporation at the top of page one.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II 16 JAN 19 FM 4: 46

Articles of Amendment to Articles of Incorporation

of

FILED

16 FEB 12 PM 4: 24

	(Document Number of Corporation (if known)
ursuant to the provisions of section 607.1006, s Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts the following amendme
. If amending name, enter the new name o	f the corporation:
	The new
ame must be distinguishable and contain to Corp.," "Inc.," or $Co.$," or the designation word "chartered," "professional a ssociation,"	he word "corporation," "company," or "incorporated" or the abbreviation "Corp," "Inc," or "Co". A professional corporation name must contain the or the abbreviation "P.A."
Enter new principal office address, if apprincipal office address <u>MUST BE A STREE</u>	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)	
. If amending the registered agent and/or	registered office address in Florida, enter the name of the
. If amending the registered agent and/or new registered agent and/or the new reg	
new registered agent and/or the new reg	
new registered agent and/or the new reg	
new registered agent and/or the new reg	(Florida street address)
new registered agent and/or the new reg	istered office address: (Florida street address)

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>	<u>V</u> <u>Mike Jones</u>						
X Add	<u>sv</u>	Sally Smith						
Type of Action (Check One)	Title		Address (
l) Change	VP	Sonja E. Eiland	JO29 NORBUR. Work Cincle					
Add			TORPON SPRING, FL					
Remove			34089					
2) Change	 							
Add			·					
Remove								
3) Change								
Add								
Remove			· · · · · · · · · · · · · · · · · · ·					
4) Change								
Add								
Remove		. •						
5) Change								
Add	•							
Remove								
6) Change								
Add								
Remove								

•		ecessary). (B	enter change(e specific)			
U	12					
<u></u>				· · · · · · · · · · · · · · · · · · ·		
	,				· · · · · · · · · · · · · · · · · · ·	
			·			· - · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·					
	·					
		7				
					·	
	<u> </u>		<u></u>	·	<u></u>	
						
						
			· · · · · · · · · · · · · · · · · · ·		·	
						
	<u>ment provides f</u> for implementir	for an exchang	e, reclassificat	ion, or cancellati	on of issued sha	res,
an amendr		ate M/A)	ient ii not cont	anica in the aine	nument testif.	
<u>rovisions f</u>	pplicable, indica	uie IV/A)				
<u>rovisions f</u>	pplicable, indica	ate WA)				
royisions <u>f</u> (if not a	pplicable, indica					
royisions <u>f</u> (if not a	pplicable, indica					
royisions <u>f</u> (if not a	pplicable, indica	uie IVA)				
royisions <u>f</u> (if not a	pplicable, indica	uie WA)				
royisions <u>f</u> (if not a	pplicable, indica	uie WA)				
royisions <u>f</u> (if not a	pplicable, indica	uie WA)				
royisions <u>f</u> (if not a	pplicable, indica	uie IVA)				
royisions <u>f</u> (if not a	pplicable, indica	uie IVA)				

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable: 10.13.15	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date velocument's effective date on the Department of State's records.	rill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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 U / A	
by V/A (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	
action was not required.	
Dated 16.13.15	
Signature (By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
ROBIN KARR (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
PRESIDENT.	
(Title of person signing)	.