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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: TURBO MULCH INC DOCUMENT NUMBER: P08000098972 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **BOB SLATER** Name of Contact Person Firm/ Company 495 NW 107TH AVE Address **CORAL SPRINGS FL 33071** City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954 Area Code & Daytime Telephone Number RICHARD BAROUH Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee ■\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



TURBO MULCH INC

(Name of Corporation as currently filed with the Florida Dept. of State) P08000098972 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following A. If amending name, enter the new name of the corporation: A. If amending name, enter the new name of the corporation. The profit Corporation adopts the following the must be distinguishable and contain the word "corporation," "company," or "incorporated" or the algorithm of the designation "Corp.," "Inc.," or "Co". A professional corporation name must 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:	
(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following Articles of Incorporation: A. If amending name, enter the new name of the corporation: It amending name, enter the new name of the corporation. It amending name, enter the new name of the corporation. It amending name, enter the new name of the corporation. It amending name, enter the new name of the corporation. It amending name, enter the new name of the corporation. It amending name, enter the new name of the corporation. It amending name, enter the new name of the corporation. It amending name, enter the name of the corporation. It amending name, enter the name of the corporation. It amending the registered agent and/or registered office address in Florida, enter the name of the	
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new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	ı
New Registered Office Address: , Florida (City) (Zip Code)	
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:	
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	<u>PT</u> <u>John</u>	1 Doc	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	PRES	JAMES SHIPLEY	495 NW 107TH AVE
Add			CORAL SPRINGS FL 3307/
Remove			
2) Change	PRES	BOB SLATER	495 NW 107TH AVE
Add			CORAL SPRINGS FL
Remove			33071
3) Change			
Add			
Remove			
4) Change			· .
Add			
Remove			
5) Change			
Add			·
Remove			
6) Change			<u> </u>
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Remove			

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The date of each amendment(s) ad date this document was signed.	, if other than the	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast i	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareholder	
Dated H-/	- 15	
Signature		
	rector, president or other officer – if directors or officers have not been	
	, by an incorporator - if in the hands of a receiver, trustee, or other court	
appoint	ed fiduciary by that fiduciary)	
	Robert Slater	
	(Typed or printed name of person signing)	
_	Ares	
	(Title of person signing)	