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T. LEMIEUX

COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: Florid DOCUMENT NUMBER: P 09 000	la Sprayers, Inc.			
DOCUMENT NUMBER: P09000	0017868			
The enclosed Articles of Amendment and fee are subn	nitted for filing.			
Please return all correspondence concerning this matte	er to the following:			
David	Name of Contact Person			
	Name of Contact Person			
Diversified	Accounting + Taxo Firm' Company			
	Firm/ Company			
Po	Box Boay8			
Tamp	City/ State and Zip Code			
	City/ State and Zip Code			
E-mail address: (to be used for future assetual report notification)				
For further information concerning this matter, please	call:			
	21 9 221 11			
David A. Noil	at (813 , 368 · 2264 Area Code & Daytime Telephone Number			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:			
S35 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

Articles of Amendment to Articles of Incorporation of Florida Sprayers, Inc.

(Name of	Corporation as currently fil	led with the Florida Dept. of State)
	P090000	17869	
	(Document Number of Co		
Pursuant to the provisions of section 607.16 its Articles of Incorporation:	006. Florida Statutes, this <i>Flor</i>	rida Profit Corporation adopts the f	ollowing amendment(s) to
A. If amending name, enter the new nam	ne of the corporation:		
			The new
name must be distinguishable and contain the "Inc" or Co.," or the designation "Co" chartered," "professional association," o	rp," "Inc," or "Co". A pi	pany," or "incorporated" or the abb ofessional corporation name must	previation "Corp.," contain the word
B. Enter new principal office address, if			
(Principal office address MUST BE A STA	REET ADDRESS)		
	•		
	-		
C. Enter new mailing address, if application	able:		
(Mailing address MAY BE A POST O.	FFICE BOX)		
	_		
	-		·
D. If amending the registered agent and new registered agent and/or the new		in Florida, enter the name of the	· . 2
Name of New Registered Agent	David A. No		
_	4919 W.M	celroy Ave	
	(Florida street	address)	
New Registered Office Address:	lampa FL	, Florida_	3361
	(Cit	<i>י</i> ס	/Zip Code)
			37
New Registered Agent's Signature, if ch. I hereby accept the appointment as register.	anging Registered Agent: red agent. I am familiar with	n and accept the obligations of the p	osition,
	April Ci	Mail CPA istered Agent, if changing	
	4.2.4 A 4		
Check if applicable	reugnt to e. 607.0130.4111.451	F C	
☐ The amendment(s) is/are being filed pu	(50ain (0.5, 007,01±0 (11) (€).	. 1 . 0 .	

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:

 $P = President; \ \widetilde{V} = Vice\ President; \ \widetilde{T} = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman\ or\ Clerk; \ CEO = Chief$ Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office heid. 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	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change		<u> </u>	/
Add			
Remove 3) Change			
Add			
Remove			
4) Change	 -		
Add			
Remove			
5) Change		/	
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Remove			
6) Change			
Add			
Remove			

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The date of each amendment(s) ad	option:	, if other than the
late this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	ock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sharehol	der action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amei fficient for approval.	ndment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated NO Signature	43,2021 41/11/1 (21/1)	
	rector, president or other officer - if directors or officers have no	ot been
	d, by an incorporator – if in the hands of a receiver, trustee, or of ed fiduciary by that fiduciary)	her court
	Justine Conter	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	President	
	(Title of person signing)	