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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: Grant Managemen	t Services Inc.	
DOCUMENT N	500000000000		
The enclosed Arti	cles of Amendment and fee are su	ibmitted for filing.	
Please return all c	orrespondence concerning this ma	tter to the following:	
	Tami M. Grant		
		Name of Contact Person	on
	Grant Management Services	Inc.	
		Firm/ Company	
	333 Forest Road		
		Address	-
	Mt. Dora. FL 32757		
		City/ State and Zip Co	de
J(G66@comeast.net		
_	_	sed for future annual repor	rt notification)
	`	·	
For further inform	ation concerning this matter, plea	se call:	
Tami M. Grant		352 at (406-9417
Name of Contact Person			ode & Daytime Telephone Number
Enclosed is a chec	k for the following amount made	payable to the Florida Dep	partment of State:
\$35 Filing Fee	e □\$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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amer Divis Clifte	t Address odment Section ion of Corporations on Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

Grant Management Services Inc.

2018 OCT 16 AM 10: 51

(Name of Corporation as currently	filed with the Florida Dept. of State) EURL TARY OF STAT
P09000084275	TALLAHASSEE, FL
	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "I	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</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 address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	a address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar w	City) (Zip Code) ith and accept the obligations of the position.
Signature of New Re	gistered 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>РТ</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) Changa			
5) Change Add	-		
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Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) (Attach additional sheets, if necessary). (Be specific)	<u> </u>	
		<u> </u>
	-	
		
		
		<u> </u>
		
F. If an amendment provides for an exchange, reclassification	on, or cancellation of issued shares.	
provisions for implementing the amendment if not conta (if not applicable, indicate N/A)		
Shareholder stock and percentage of ownership will change to		
, · · · · · · · · · · · · · · · · · · ·		
Tami M. Grant will have 51% of ownership in the company		
Tami M. Grant will have 51% of ownership in the company John P. Grant will have 49% ownership in the company		

The date of each amendment(s) adoption:	, if other than the
date this document was signed. 10/05/2018	
Effective date <u>if applicable</u> : (no more than 90 days after a	mendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of volume by the shareholders was/were sufficient for approval.	otes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups the separately provided for each voting group entitled to vote separately	
"The number of votes east for the amendment(s) was/were sufficient for	r approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without share action was not required.	holder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without sharehold action was not required.	er action and shareholder
Dated 10/5/2018 Signature Janu 4M. Signature (By a director, president or other officer – if director)	-
Signature <u>JUNU YN & JUNT</u> (By a director, president or other officer – if director selected, by an incorporator – if in the hands of a reappointed fiduciary by that fiduciary)	
Tami M. Grant	
(Typed or printed name of perso	n signing)
President	
(Title of person sign	ing)
DATED: 10/5/2018	_
Signature Jelle	
TYPHOR PRIME JOHN P GIZAN	T
Typedor Printer John P GIZAN THE Vice president Page 4 of 4	 _
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