# P1100001062

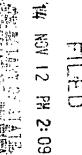
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### **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: ALEXA'S GREEN MARKET, INC DOCUMENT NUMBER: P11000040629				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
LAURA MONTANARO				
Name of Contact Person				
ABACUS PAYROLL & ACCOUNTING, INC.				
1140 NE 2ND STREET				
Address				
POMPANO BEACH, FL 33060				
City/ State and Zip Code				
ABACUSPOMPANO@AOL.COM				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
LAURA MONTANARO (11) 270-3261				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building				

Tallahassee, FL 32314

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Tallahassee, FL 32301

2661 Executive Center Circle

## **Articles of Amendment** to 'Articles of Incorporation

FILED

# ALEXA GREEN MARKET, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

# P11000040629

(Document Number of Corporation (if known)

nt(s) to

If amending name, enter the new name of the corporation:	•	The
ame must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or or or "chartered," "professional association," or the abbreviation	on." "company," or "incorporated" or the abl "Co". A professional corporation name must co	brev
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )		
and agree of any way and the control	•	
e transfer of the	·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	
. If amending the registered agent and/or registered office add		
new registered agent and/or the new registered office addres	<u>ss:</u>	
Name of New Registered Agent	· .	
(Florida s	treet address)	
New Registered Office Address:	, Florida	
(City	(Zip Code)	
lew Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familiar		
is est an epi me appointment as registered agent. I am junitual	man and decept the obligations of the position.	
Signature of New Registered		

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 1996.	,
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	ALEXA HABE	1151 N FT LAUD BCH BLV
Add	-	t in the State of	FT LAUDERDALE, FL
Remove		1 (1900) 1 (	33304
2) Change	VP	CHRISTOPHER HABE	1151 N FT LAUD BCH BLV
Add			FT LAUDERDALE, FL
Remove		er sa	33304
3) Change			
Add		Project Control of the Control of th	
Remove			
4) Change			
Add		f Ciri.	
Remove		• • •	
5) Change			
Add		· ' · ·	
6) Change			
Add			
Remove		· .	

	cles, enter change(s) here: (Be specific)
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If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and adment if not contained in the amendment itself:
If an amendment provides for an exchaprovisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and and if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and and an and an and an analysis of the amendment itself:
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provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the ame	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption: 11/10/2014	
date this document was signed.	_, if other than the
Effective date if applicable: 11/10/2014	
(no more than 90 days after amendment file date)	-
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"	
(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 11/10/2014 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)	-
CHRISTOPHER HABE	
(Typed or printed name of person signing)	- )
PRESIDENT	
(Title of person signing)	-