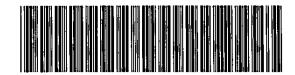
## P12000090931

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION:	Irrigation, Inc.
DOCUMENT NUMBER: PIAOOO	090931
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
Please return all correspondence concerning this matte	er to the following:
I an	Chappe II Name of Contact Person  Antico Inc.
	Pation, Inc Firm/Company La Palma Ter.
	Address  214, F1 34992  City/ State and Zip Code
	S <u>Q Q ol. C om</u> d for future annual report notification)
For further information concerning this matter, please	call:
Tan Chappell Name of Contact Person	at (772) 288 · 1866 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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	Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle
1 dilaliassee, FL 32314	2001 EXECUTIVE CERTER CITCLE

Tallahassee, FL 32301

## **Articles of Amendment**

to

Articles of Incorporation of
To Importion The
(Name of Corporation as currently filed with the Florida Dept. of State)
P12000090921
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the 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:  Name of New Registered Agent  Name of New Registered Agent
(Florida street address)
V) [ N
New Registered Office Address: , Florida , Florida (City) , Florida (Zip Code)
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I 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.

X Change	PT John D	<u>Ooe</u>	
X Remove	<u>V</u> <u>Mike J</u>	<u>lones</u>	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u> </u>	Tara Kastrelli	2796 SE La famater.
Add			Stuar, FL 34997
Remove			·
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			·
Add			
Remove			

	ng or adding additio ditional sheets, if nece	ssarv). (Be spec	ific)				
\	Please	add	Ms.	Tara	Rastrel	li as	the
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vice	preside	ent of	IC	Ima	ation, I	nc.	
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		e 1 - 8 - 1					<u> </u>
provision	ndment provides for as for implementing t	he amendment if	assification, o not contained	r cancellation o in the amendm	<u>f issued shares,</u> ent itself:		
(if no	t applicable, indicate	N/A)	IIA				
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12/20/2016	:C -41 41 41 .
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 12/20/20/6	<del></del>
(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 will adocument's effective date on the Department of State's records.	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"  (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 12/19/2016	
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)	
Tan Chappell (Typed or printed name of person signing)	
President of IC Imga (Title of person signing)	tion, Inc.