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(Re	questor's Name)	
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(Do	cument Number)	1
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'JUL 1 4 2016

C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Grass Grabbers 2 I	nc		
DOCUMENT NUMB				
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	John A Medica III			
•		Name of Contact Person	1	
1	Grass Grabbers 2 Inc			
-		Firm/ Company		
	PO Box 1311			
-		Address		
	Katy Texas 77492			
•		City/ State and Zip Cod	e	
imedic	a2@gmail.com			
		sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
John A Medica III		at (²⁸¹	961-4355	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:	
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ing Address		Address	
	ndment Section		ment Section	
	ion of Corporations Box 6327	Division of Corporations Clifton Building		
	hassee, FL 32314		xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Grass Grabbers 2 Inc			
(Name of Corpor	ation as currently filed with the	e Florida Dept. of State)	
002			
(Doc	cument Number of Corporation (i	f known)	
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this Florida Profit	Corporation adopts the following	g amendment(s)
A. If amending name, enter the new name of the	corporation;	•	
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or the contact of the contact	erp," "Inc," or "Co". A profes	" or "incorporated" or the a sional corporation name must	bbreviation contain the
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)			<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	tered office address in Florida,	enter the name of the	
new registered agent and/or the new registere	ed office address:		
Name of New Registered Agent			-
	(Florida street address)		•
New Registered Office Address:		, Florida	
	(City)	(Zip (Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	legistered Agent: l. I am familiar with and accept	the obligations of the position.	
Si	gnature of New Registered Agen	t, 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	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith .	
Type of Action (Check One)	<u>Title</u>		Name	Address
1)Change	CEO		John A Medica III	PO Box 1311
X Add				Katy Texas 77492
Remove				
2) Change				
Add				
Remove				
3)Change		-		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				<u></u>
Add				**************************************
Remove				
6) Change		_		
Add				
Pamova				

(Attach additional	iding additional Articl sheets, if necessary).				
					
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<u>provisions for i</u>	provides for an exchange of the provides for an exchange of the amendable, indicate N/A)	nge, reclassification diment if not conta	on, or cancellation ined in the amen	n of issued shares, iment itself:	
his document is to	eissue shares in the follo	owing mannor			
felissa Clayton -	49%				
ohn A Medica III	- 51%				

	June 29, 2016	
The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :	•	
	(no more than 90 days after amen	dment file date)
Note: If the date inserted in this be document's effective date on the De		ng requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes of flicient for approval.	cast for the amendment(s)
	roved by the shareholders through voting groups each voting group entitled to vote separately on	
"The number of votes cast	for the amendment(s) was/were sufficient for app	proval
by	(voting group)	"" "
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without sharehold	er action and shareholder
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder ac	tion and shareholder
July 8, 201 Dated Signature	6	2
	rector president or other officer - if directors or	
	by an incorporator – if in the hands of a received fiducing by that fiducing	er, trustee, or other court
apport	ed fiduciary by that fiduciary)	
\mathcal{O}	John A Medica III	
	(Typed or printed name of person sig	ning)
	CEO	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·