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(R	requestor's Name)			
(A	ddress)			
(A	ddress)			
(C	city/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(B	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
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SEP 1 0 2015 C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: GrassGrabbers 2			
DOCUMENT NUMB	002			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this mat	ter to the following:		
	Melissa Nelson Clayton			
_		Name of Contact Person	1	
(GrassGrabbers 2 Inc			
-		Firm/ Company		
	PO BOX 202	06		
_		Address		
	ST. PETS	ERSBURG, FL 33742 U	S	
-		City/ State and Zip Code		
gtassgi	rabbers2@yahoo.com			
		ed for future annual report	notification)	
	,	•	·	
For further information	concerning this matter, pleas	e call:		
John A Medica III		281	961-4355	
	CO 1 P	at (²⁸¹	961-4355 de & Daytime Telephone Number	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
\$35 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)	
<u>M</u> ail	ing Address	Street	Address	
Ame	ndment Section	Amendment Section		
	ion of Corporations	Division of Corporations		
	Box 6327		Building	
Talla	hassee, FL 32314	2001 E	Executive Center Circle	

Tallahassec, FL 32301

Articles of Amendment to Articles of Incorporation of

GrassGrabbers 2 Inc						
(Name of Corpora	tion as currently fil	ed with the Florida D	ept. of State)			
003						
(Docu	ument Number of Cor	rporation (if known)				
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	ida Statutes, this <i>Flor</i>	rida Profit Corporation	adopts the followi	ing ame	ındmen	t(s) to
A. If amending name, enter the new name of the	corporation:					
				The	new	
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Cor				abbrev	iation	
word "chartered," "professional association," or th				-11 *	<u></u>	
B. Enter new principal office address, if applicab	nlo.		:			, ,
(Principal office address MUST BE A STREET AD	DDRESS)				⊉ UG	پانچان از شا داسیس
	_		<u> </u>	34 (S.) 17, (3.)	- 63	a co process
	_			품 <u>목</u>		
				<u> </u>		· · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	OY)			83	÷.	
(Manuag muress MAI DU A 1 OD1 VI 1 IQU I	_		,	<u></u>) , (
	_					
		• •	6.1			
D. If amending the registered agent and/or regist new registered agent and/or the new registere		in Fiorida, enter the n	tame of the			
Name of New Registered Agent				_		
	(Florida street a	address)				
New Registered Office Address:			, Florida			
	(City	v)	(Zi _l	p Code)		
New Registered Agent's Signature, if changing R			:	_		
I hereby accept the appointment as registered agent	. 1 am jamiliar with	ana accept the obligati	ions of the position	Na		
Sie	gnature of New Regis	stered Agent, if changin	I.G	_		

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 Do	<u>xe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	Title		Name	Address
1) Change	CEO		John A Medica III	PO Box 1311
Add				Katy Texas 77492
X Remove				
2) Change		_		
Add				
Remove				
3)Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	-,			
Add				
Remove				
O Change				
6)Change				
Add				
Remove				

,	cles, enter change(s) here: (Be specific)
·	
If an amendment provides for an arch	ange, reclassification, or cancellation of issued shares.
at the continuent biolines in an exch	
provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A) Telissa Clayton - 100%	ndment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A) Telissa Clayton - 100%	ndment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A) Telissa Clayton - 100%	ndment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A) Telissa Clayton - 100%	ndment if not contained in the amendment itself:
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provisions for implementing the ame (if not applicable, indicate N/A) Telissa Clayton - 100%	ndment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A) Telissa Clayton - 100%	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	·
(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 document's effective date on the Department of State's records.	will 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)	
(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.	
August 21, 2016 Dated	
Signature Signature	
(B) 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)	
(Typed or printed name of person signing)	
(Title of person signing)	