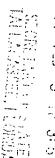
(Re	equestor's Name)		
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Certified Copies	_ Certificates	of Status	
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FEB = 6 2014

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: New Bryma Beach Hydroponic + Organic Garles DOCUMENT NUMBER: P13000013148 Supply, Inc
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Name of Contact Person New Smyrna Beach Hydropovic & organic Garden Lupdy, Ip Firm/ Company Address New Snyma Beach Fl 32168 City/ State and Zip Code NShydro W Cfl. M. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mark McKay at (386) 410-4956 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 Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy

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
Tallahassee, FL 32301

is enclosed)

Articles of Ann	Endinear .
to Articles of Incor	rporation $14 F_{FR}$
Name of Corporation as currently filed with the Flor	droponic and arganic Gordon
P 13 00 00 13 1 4 (Document Number of Corporation (if k	(LOOMU) SUCHERY TICE
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: New Smy nor Beach Hydrop name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	NA
(Florida stree New Registered Office Address:(City)	et address), Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change	•		
Add		\sim \sim	<i>j</i>
Remove		, \X	
3) Change		_ \	
Add			
Remove			
4) Change			
Add			
Remove		\	
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessa	al Articles, enter change(s) here: (ary). (Be specific)
	\sim
	9
· · · · · · · · · · · · · · · · · · ·	
n amendment provides for an ovisions for implementing the	n exchange, reclassification, or cancellation of issued shares, e amendment it not contained in the amendment itself:
(if not applicable, indicate N	
	<i>N</i> ,

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: NIA (no more than 90 days after amendment file date)	· vanismi ti
(mi more man 70 days after ameriament 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)	
(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	
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)	
(Typed or printed name of person signing)	
m_{1} m_{2}	
(Title of parson signing)	