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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	AGRIVIVE INC		
DOCUMENT NUMB	P13000043406		
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	NEIL HANEKOM		
·		Name of Contact Person	
		Firm/ Company	
	100 Boardwalk Drive #835		
		Address	
	Ponte Vedra Beach FL 32082	2	
		City/ State and Zip Code	
ncil@)agrivive.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
NEIL HANEKOM		at (_)
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	urtment of State:
\$35 Filing Fee	□\$43.75 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)
	ling Address		Address
	endment Section	Amendment Section Division of Corporations	
	ision of Corporations . Box 6327		i Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment tn Articles of Incorporation of

FILED

AGRIVIVE INC (Name of Corporation as currently filed with the Florida Dept. of State) 11 & 9 B- 11 EII P13000043406 (Document Number of Corporation (if known) STURE TARY OF STATE Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: AGREVIVE INC. 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." 100 Boardwalk Drive #835 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Ponte Vedra Beach FL 32082 C. Enter new mailing address, if applicable: 100 Boardwalk Drive #835 (Mailing address MAY BE A POST OFFICE BOX) Ponte Vedra Beach FL 32082 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 (Florida street address) New Registered Office Address: _, Florida_ (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; Tr Treasurer; Sr Secretary; D Director; TR Trustee; Cr 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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Tamending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
<u> </u>		
		·
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
(If not applicable, indicate NA)		
		
	· · · · · · · · · · · · · · · · · · ·	

	07/04/2019	
The date of each amendment(s) as	doption:	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 bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment officient for approval.	at(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	der
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
> Dated_Jul	7.8,2019 //	
Signature (Proc	lirector, president or other officer – if directors or officers have not bee	
	d, by an incorporator – if in the hands of a receiver, trustee, or other co	
	ted fiduciary by that fiduciary)	uit
	NEIL HANEKOM	
	(Typed or printed name of person signing)	
	p	
	(Title of person signing)	