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Amend (an.11.13

COVER LETTER

Division of Corporations CO Crow Environmental Solutions inc. NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MANNY TAMAGO

Name of Contact Person CO Green Environmental Solutions inc Firm/ Company PECAN RUN PASS FL 34472 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (362) 286-6413 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articl	es of Amendment		SECRETED
Go Green Environi	of Incorporation of Mental Si	olutions	13 W/L -8 MM 10: 37
(Name of Corporation as currently filed with	1 the Florida Dept. of S	tate)	,
(Document Number of Corpor	ation (if known)	<u> </u>	<u></u>
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Co	rporation adopts the fo	llowing amendment(s) to
A. If amending name, enter the new name of the corporat	ion:		
name must be distinguishable and contain the word "corp." "Inc.," or Co.," or the designation "Corp.," "Inc.			
word "chartered," "professional association," or the abbrevi			
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 a new registered agent and/or the new registered office a		nter the name of the	
Name of New Registered Agent			
(Flo	orida street address)		
New Registered Office Address:	(City)	, Florida(Zip Co	-dal
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent:	.,	
т негеоу иссері іне арронішені as regisierea agent. Тат ja	ништ жин апа ассері ік	ie oonganons oj ine pos	uuon.
Signature of New Regi	stered 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 <math>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> <u>John</u>	<u>1 Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u> </u>	Danielle N Cerrone	28 PECAN RUPAS
X_ Add			OCAIA FL 34472
Remove			
2) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
3)Change			
Add			
Remove			
4) Change	**************************************		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			·····
Add			
Domove			

. If amending or : (Attach additional	l sheets, if				•	. 3	-		
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Tle	#	ÌS	4(0-3	306	6287	?			
									
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. <u>If an amendme</u>									
<u>provisions for</u> (<i>if not appi</i>			enament II n		itained ii	n tne a	menam	ent itseii:	
MANUE	1 TAM	nargo	100)	Shan	sz			
				······································					·
<u>-</u>									
									

The date of each amendment(s) adopti	on:
Effective date if applicable:	Same As Above
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.
	d by the shareholders through voting groups. The following statement a voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the	he amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder
Dated	/13 N A
selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court
appointed f	iduciary by that fiduciary)
	Manuel Rolano TAMARGO Jr
	(Typed or printed name of person signing)
***************************************	President
	(Title of person signing)