# P13000 100036

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### **COVER LETTER**

TO: Amendment Section Division of Corporations The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: horough bre For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & Certificate of Status \$35 Filing Fee **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) 5 6 12 G is enclosed)

## 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

# **Articles of Amendment**

to

# Articles of Incorporation

of

GROW IT INC	, <b>)</b>	
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P1300010003	<del> </del>	
(Document Number of C	corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amends	ment(s) to
A. If amending name, enter the new name of the corporation:  Find nor Garder  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.	" "company," or "incorporated" or the abbreviati o". A professional corporation name must contain t	ew ion the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	NA	- -
C. Francisco resiling address if applicable.	*	<b>-</b> ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	_
	SECON ACTION ACT	
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	· summer
Name of New Registered Agent	NA Pa	
(Florida stree	t address)	
New Registered Office Address:(C	City) , Florida (Zip Code)	-
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with		
<del></del>	NIA	
Signature of New Reg	gistered 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.

Example: X Change	PT	John Do	<u>e</u>		
X Remove	<u>v</u>	Mike Jos	nes		
X Add	<u>sv</u>	Sally Sm	nith		,
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	. 1 .	<u>Addres</u> s
1) Change	<del></del>	<del>_</del>		NA	
Add					
Remove					
2) Change		<del>-</del>			
Add					
Remove					
3)Change		_			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		_	·		
Add					
Remove					
6) Change					
Add					
Remove					

f amendi Attach <i>ad</i>	ng or adding additional Articles, enter change(s) here: ditional sheets, if necessary). (Be specific)
LIGUOII WA	anional states, y theologia y. (De operato)
	NA
	<del></del>
	<del>-</del>
<u>f an ame</u>	ndment provides for an exchange, reclassification, or cancellation of issued shares,
provisio	ns for implementing the amendment if not contained in the amendment itself:
(ij no	ot applicable, indicate N/A)
	M/A
	, , , , , , , , , , , , , , , , , , , ,

The date of each amendment(s) adoption: date this document was signed.	1/21/2017		, if other than the
		1/21/2017	
Effective date if applicable:	(no more than 90 days after a		n <del>darkir</del>
Note: If the date inserted in this block does document's effective date on the Department		filing requirements, this date will	not be listed as the
Adoption of Amendment(s)	CHECK ONE)		
The amendment(s) was/were adopted by the shareholders was/were sufficient for		otes cast for the amendment(s)	
☐ The amendment(s) was/were approved by must be separately provided for each vot			
"The number of votes cast for the ar	nendment(s) was/were sufficient fo	r approval	
by		,»	
(	(voting group)		
☐ The amendment(s) was/were adopted by t action was not required.	he board of directors without share	holder action and shareholder	-
☐ The amendment(s) was/were adopted by t action was not required.	he incorporators without sharehold	er action and shareholder	
Dated	2017		
Signature	- Common of the		
	resident or other officer - if directo	ors or officers have not been	_
	ncorporator - if in the hands of a re	eceiver, trustee, or other court	
appointed fiduci	iary by that fiduciary)		1
	Landon	M. Jorc	lan
	(Typed or printed name of person	n signing)	
	$\mathcal{D}_{1}$	rector	
	(Title of person sign	ing)	<del></del>