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COVER LETTER

TO: Amendment Section

Division of Corporations Humic Growth Solutions, Inc. NAME OF CORPORATION: P13000100589 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kevin Merritt Name of Contact Person Humic Growth Solutions, Inc. Firm/ Company 376 Saint Johns Golf Drive Address Saint Augustine, FL 32092 City/ State and Zip Code kevin@humicgrowth.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 392-1012 Kevin Merritt at (_ 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 □\$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 Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

> 2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

FILED

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Humic Growth Solutions, Inc.

(Name of Corporation as currently filed with the Flor	rida Dept. of State)
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this confidence of the components of	prporation adopts the following amendment(s) to its Articles of
A. If amending name, enter the new name of the corporation:	
	The new
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.	i". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	
(Muiling address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	is in Florida, enter the name of the
Name of New Registered Agent	<u> </u>
(Florida stre	et 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 wi	th and accept the obligations of the position.
Signature of New Registered Ag	ent, 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	<u>PT</u> John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	ce Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	John Jakowitz	376 Saint Johns Golf Drive
Add			Saint Augustine, FL 32092
X Remove			
2) Change	VP/T	Ryan Merritt	376 Saint Johns Golf Drive
Add			Saint Augustine, FL 32092
X Remove			
3) Change	VP/T/S	Ryan Merritt	376 Saint Johns Golf Drive
X Add			Saint Augustine, FL 32092
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Add			
Kemove			

	If amending or adding additional Articles, enter change(s) here:
	(Attach additional sheets, if necessary). (Be specific)
_	
_	
_	
_	
_	
_	
_	
	If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
	provisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)

	ption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes east for the amendment(s) icient for approval.	
☐ The amendment(s) was/were appromust be separately provided for ea	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
Septembe	er 14, 2017 /	
Dated	18/17	
Signature (13) a div	ector, president or other-officer, it directors or officers have not been	
selected.	by an incorporator—if-in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
••	Cevin Merritt	
	(Typed or printed name of person signing)	
P	President	
_	(Title of person signing)	