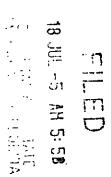
(Requ	uestor's Name)	
	ress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates o	f Status
Special Instructions to Fi	iling Officer:	

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R. WHITE JUL 0 \$ 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

		
d for filing.		
the following:		
me of Contact Person)		
(Firm/ Company)		
(Address)		-
y/ State and Zip Code)		
future annual report no	otification)	
		392-1012
(Area	a Code)	(Daytime Telephone Number)
e to the Florida Depart	tment of SI	tate:
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	the following: the following: the following: the following: the following: the following: (Firm/ Company) (Address) (Address) future annual report not following: at 904 at 40 (Are to the Florida Depart 13.75 Filing Fee & tentified Copy additional copy is inclosed) Street A Amenda	he following: me of Contact Person) (Firm/ Company) (Address) (Address) (Address) future annual report notification) at 904 (Area Code) e to the Florida Department of State of the Florida Department of State of the Florida Copy Certification (Additional copy is Certification)

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

HUMIC GROWTH SOLUTIONS INC

18 JUL -5 AM 5: 58

(Name of Corporation as cur	rently filed with the Flori	da Dept. of State)
P13000100589	1::	(I APA TOTAL PARTIES
(Document Nu	umber of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	tutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:	
		The new
name must be distinguishable and contain the word "corp 'Company" or "Co," may not be used in the name.	oration" or "incorporated	" or the abbreviation "Corp." or "Inc."
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRE</u>	<u>SS()</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		enter the name of the
Name of New Registered Agent:		
	(Flo	orida street address)
New Registered Office Address:	·	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I ar		the obligations of the position
nerely weeeps are appointment to registered agent. I ar	a juanima a un unu uccepi	nie venganone og me pomon.
	Signature of Nan Pagiet	mad trant if champing

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 X Remove X Add	<u>V</u> <u>Mik</u>	<u>i Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP.T.S	KEVIN MERRITT	376 ST JOHNS GOLF DRIVE
Add			ST AUGUSTINE, FL 32092
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		1	
Remove			

E. If amending or adding additional Artication (attach additional sheets, if necessary).	E. If amending or adding additional Articles, enter change(s) here: (anach additional sheets, if necessary). (Be specific)		
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	each amendment(s) ad	option:	, if other than the
•	ite if applicable:		
		(no more than 90 days after amendment file date)	
		ck does not meet the applicable statutory tiling requirements, this duartment of State's records.	late will not be listed as the
Adoption o	f Amendment(s)	(<u>CHECK ONE</u>)	
	nendment(s) was/were ad re sufficient for approva	opted by the members and the number of votes east for the amendate.	nent(s)
	are no members or members of directors	pers entitled to vote on the amendment(s). The amendment(s) was/ors.	were
	6/25/2018 Dated	· 	
	Signature	MATTIPULA	
	have not bed	man or vice chairman of the board, president or other officer-if dirent selected, by an incorporator — if in the hands of a receiver, trustouppointed fiduciary by that fiduciary)	
	KEVIN	MERRITT	
		(Typed or printed name of person signing)	
		AMW Tyle of anyon signing	
		(Title of person signing)	