P14000011039

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
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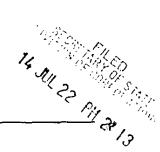
Amiend 100 8.5,14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	P14000011639	Franchise, Inc.	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Kirsten Yeager		
	Grass Roots Ventures	Name of Contact Persons, Inc.	n
	9655 South Dixie Hwy	Firm/ Company /. STE 200	
•	Miami, FL 33156	Address	
•		City/ State and Zip Cod	e
kyea	ger@grmfl.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Kirsten Yeager		305	215-4691
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
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 Articles of Incorporation of



Grass Roots Franchise, Inc.			- 14	
(Name of Corporation as P14000011639	currently filed with the Flor	ida Dept. of State)		. A. 13
(Documen	t Number of Corporation (if k	nown)		
Pursuant to the provisions of section 607. Its Articles of Incorporation:	1006, Florida Statutes, this Flo	orida Profit Corporation a	dopts the following	amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associat	ation "Corp," "Inc," or "Co	o". A professional corpor	orated" or the ab	
B. Enter new principal office address, (Principal office address MUST BE A ST				
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST (</u>				
D. If amending the registered agent an new registered agent and/or the new		is in Florida, enter the na	ame of the	
Name of New Registered Agent	9655 South Dixie Hw	y. STE 200		
New Registered Office Address:	(Florida stree	t address), Florida		
New Negisiered Office Address.	(City)	, 1 101 101	(Zip Code)	•
New Registered Agent's Signature, if continued in the second seco	hanging Registered Agent: tered agent I am familiar wi Lus Deen gnature of New Ragistered Agent:	32	ons of the position.	

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sy</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u>
1) Change	Р	Brian Koslow	9655 South Dixie Hwy.
Add		· · · · · · · · · · · · · · · · · · ·	STE 200
Remove			Miami, FL 33156
2) Change	P	Jeffrey E. Feiler	9655 South Dixie Hwy.
Add			STE 200
Remove			Miami, FL 33156
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
Article IV	
The number of shares the corporation is authorized to issue is:	
100,000	<u></u> -
	
	
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F. 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)	
	 _
	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file o	late)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendations.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action a action was not required.	nd shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and slaction was not required.	nareholder
Dated	
Signature (By a director, president or other officer if directors or officers h	ave not been
selected, by an incorporator – if in the hands of a receiver, trustee,	or other court
appointed fiduciary by that fiduciary) BRIA Kes Low (Typed or printed name of person signing)	
(Typed or printed name of person signing	g)
President	
(Title of person signing)	