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## **COVER LETTER**

TO: Amendment Section

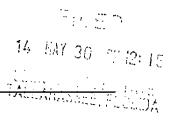
Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Greener Side MMJ, Inc. P14000021592 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lou Pergola Name of Contact Person Greener Side MMJ, Inc. Firm/ Company 3512 Barnwiell St Address Land O Lakes, FL 34638-7842 City/ State and Zip Code greenersidemedical agrial. com E-mail address: (to be used for future annual report notification) 1640 For further information concerning this matter, please call: at (727 ) 375-1574 Lou Pergola 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) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 **Clifton Building** 

2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation** of



## Greener Side MMJ, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)	Value valle Control
P14000021592	•
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpora</i> tits Articles of Incorporation:	tion adopts the following am

A. <u>If amending name, enter the new n</u> Greener Side Medical, Ir			
name must be distinguishable and con	ntain the word "corporat nation "Corp," "Inc," or	ion," "company," or "incorporated" or the c "Co". A professional corporation name must	
3. Enter new principal office address. Principal office address <u>MUST BE A S</u>	if applicable:	N/A	<b>-</b>
Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)		N/A	_
. <u>If amending the registered agent and or the ne</u>		dress in Florida, enter the name of the	_
			_
new registered agent and/or the ne	N/A		_

Signature of New Registered 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	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	N/A		
Add			
Remove			
2) Change	N/A	_	
Add			
Remove		•	
3) Change	N/A		
Add			
Remove			
4) Change	N/A		
Add			
Remove			
5) Change	N/A		- Mil Par
Add			
Remove			
6) Change	N/A		
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
<b>\</b>	
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	<del></del>
	,
·	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
/A	
·	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<u></u>
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 5-28-14	
Signature Janua // 1//	
(By a director, president or other officer, if directors or officers have not been	_
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiductary by that fiduciary)	
Louis D PERGOLA.	
(Typed or printed name of person signing)	
PRes	
(Title of person signing)	