P14000064069

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
• • •

Office Use Only



100302283721

08/09/17--01021--007 **43.75

SICKETARY OF STATE ALLAHASSEE, FLORIDA

1119 1 6 7017

TO FIMEUN



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	DRATION: Hemp Oile, Inc.			
	1BER: P14000064069			
The enclosed Article	es of Amendment and fee are su	abmitted for filing.		
Please return all corr	respondence concerning this ma	atter to the following:		
	Michael Buonaiuto. Sr			
		Name of Contact Perso	n	
	Hemp Oile, Inc			
		Firm/ Company		
	21039 Escondido Way N			
		Address		
	Boca Raton, FL 33433			
		City/ State and Zip Cod	c	
mh3	100@gmail.com	•		
		sed for future annual report		
	n-man address, (to be us	sed for fature annual report	notification)	
or further information	on concerning this matter, pleas	se call:		
Michael Buonaiuto,S	SR .	at (695-3100	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	irtment 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		Street	Address	
	nendment Section	Amendment Section		
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Hemp Oile, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P14000064069 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Michael Buonaiuto Sr. P.A. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." No change B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: No change (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: No change Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. 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	PT	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>	Address
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 	
Add			
Remove			
6) Change		n/a 	
Add			
Remove			

E. If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
no change	
	··············
	•
F. If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
no change	
	

Auguust 3, 2017
The date of each amendment(s) adoption:, if other than date this document was signed.
. Auust 3, 2017
Effective date if applicable: (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
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)
☐ 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.
August 3, 2017
Dated
Signature
(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 fiduciary by that fiduciary)
Michael Buonaiuto Sr
(Typed or printed name of person signing)
President
(Title of person signing)

August 3,2017

To whom it may concern,

Mistakenly, I changed my corporate name from Michael Buonaiuto, Sr, P.A. to Hemp Oile, Inc.

Now, I want to change it back to Michael Buonaiuto Sr, P.A. Enclosed is the completed paperwork and check.

Thank you.

Michael Buonaiuto

President