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R. WHITE

COVER LETTER '

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GR Harpe	e Enterprises, I	nc.			
DOCUMENT NUMBER: P14000070034					
The enclosed Articles of Amendment and fee are s	ubmitted for filing.				
Please return all correspondence concerning this m	atter to the following:				
Robin Harpe					
	Name of Contact Person	n			
GR Harpe Ente	erprises, Inc.				
<u>-</u>	Firm/ Company				
14260 West Ne	ewberry Road.	PMB #325			
	Address				
Newberry, FL	32669				
	City/ State and Zip Cod	e			
robinharpe@gmail	com				
E-mail address: (to be a	ised for future annual report	notification)			
For further information concerning this matter, plea	ase call:				
Robin Harpe	at (352	, 474-6297			
Name 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 & 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	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301			

Articles of Amendment to Articles of Incorporation of FILED 14 SEP 22 PM 1:47

GR Harpe Enterprises, Inc.	AND THE PARTY OF STATE
(Name of Corporation as currently file	ed with the Florida Dept. of State) ALEANASSEE FIGORIES
P14000070034	- A STATE OF THE S
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp	poration:
NA	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the al	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ffice address:
rame of thew registered rigent	
14260 V	West Newberry Road
NI avvila av	(Florida street address)
New Registered Office Address: NewDer	rry Florida 32669
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. It	(City) (Zip Code)

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	Robin Harpe	14260 West Newberry Roa
Add			Newberry, FL 32669
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Ar	rticles, enter change(s) here:
(Attach additional sheets, if necessary)	. (Be specific)
NA	
1º 1/4	
•	
	
	
If an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the am	nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
NIA	
· · · · · · · · · · · · · · · · · · ·	
•	

date this document was signed.	, if other than the
Effective date if applicable:	
(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)	
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 August 21, 2014	
Dated O . A A A	
Signature Kabu Marse	
(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)	
Robin Harpe	
(Typed or printed name of person signing)	_
Vice President	
(Title of person signing)	_