## P15000000585

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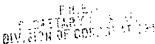
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	GEO WATER RIC	GHTS, INC,	
DOCUMENT NUMBE	P15000000585		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
M	like McCabe		
_		Name of Contact Perso	on
G	EO WATER RIGHTS, INC		,
6	22 PINE AVE.	Firm/ Company	
- W	/HITEFISH, MT 59937	Address	
_		City/ State and Zip Coo	de
GEOW	ATERRIGHTS@yahoo.com	,	
<del></del>	E-mail address: (to be us	sed for future annual repor	t notification)
For further information of	oncerning this matter, pleas	se call:	
MIKE MCCABE		406 at (	890-0510
Name of	Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Dep	partment 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)
Ameno Divisio P.O. B	og Address Iment Section on of Corporations ox 6327 assee, FL 32314	Amen Divisi Clifto	t Address dment Section ion of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

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



GEO WATER RIGHTS, INC. (Name of Corporation as currently filed with the Florida Dept. of State)

P15000000585	
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation N/A	£
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviati	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	622 PINE AVE.
(Principal office address MUST BE A STREET ADDRESS)	WHITEFISH, MT 59937
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	622 PINE AVE.
	WHITEFISH, MT 59937
D. If amending the registered agent and/or registered office and new registered agent and/or the new registered office add N/A  Name of New Registered Agent	
The state of the s	
(rioria	la street address)
New Registered Office Address:	(City), Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am famil	<u>tent:</u> iar 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.

X Change	<u>PT</u>	John Doe	
X Remove	Y	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	VP	MICK McCABE	2101 BOOT LAKE CIRCLE
Add			TAMPA, FL 33612
X Remove			
2) Change	VPD	MICK McCABE	622 PINE AVE.
X Add		<del>-</del>	WHITEFISH, MT 50037
Remove			
3) Change			
Add			
Remove			
Komove			**************************************
4) Change			
Add			
Remove			
£) (1)			
5) Change		<del></del>	
Add			
Remove			
6) Change		<del></del>	
Add			
Remove			

(Attach addition	r adding additional A mal sheets, if necessary	). (Be specific)				
N/A						
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F. <u>If an amendn</u> provisions fo	ent provides for an ex or implementing the ar	<u>:change, reclassifi</u> nendment if not c	cation, or cancel ontained in the a	<u>lation of issued sh</u> mendment itself:	ares,	
(if not a <sub>l</sub>	plicable, indicate N/A)		VIII III III II			
N/A						
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WIAT 27, 2013 The date of each amendment(s) adoption: if other than the date this document was signed. N/A Effective date if applicable: (no more than 90 days after amendment file date) 15 JUN - I Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 (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. 5/29/2015 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) MATTHEW McCRIMMON (Typed or printed name of person signing) P/D (Title of person signing)