7150000 17470

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R. WHITE JUN 25 2020

COVER LETTER

TO: Amendment Section

Division of Corporations

•							
NAME OF CORPORATION: WALL GREEN, INC							
DOCUMENT NUMBER: P150000 7470							
215000017470							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Name of Contact Person							
Name of Contact Person							
T4469 BARCLAY FAIR WAY Firm/ Company							
Firm/ Company							
Address							
LANE WOSZTH FL 33449 City/ State and Zip Code							
City/ State and Zip Code							
Harry Man (2) Smal (2017) E-mail address: (to be used for future annual report notification)							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
OSTADI) HARLINAN at (St.) 9067510 Name of Contact Person Area Code & Daytime Telephone Number							
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 \$35 Filing Fee & \$43.75 Filing Fee & \$Certified Conv Certificate of Status							
Certificate of Status Certified Copy							
(Additional copy is Certified Copy enclosed) (Additional Copy							
enclosed) (Additional Copy is enclosed)							
Mailing Address Street Address Amendment Section							
Amendment Section Amendment Section Division of Corporations Division of Corporations							
The Centre of Tallahassee							
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810							

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

	2020
WALL GREEN.	n as currently filed with the Florida Dept. of State)
(Name of Corporation	1 as currently mea wim are a rooter
P150000174	70 ent Number of Corporation (if known)
·	
suant to the provisions of section 607.1006, Florida S Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment
If amending name, enter the new name of the cor	rporation:
	The new
ne must be distinguishable and contain the word "con c.," or Co.," or the designation "Corp," "Inc," nartered," "professional association," or the abbrev	rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word viation "P.A."
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO.	<u>X</u>)
If amending the registered agent and/or register	red office address in Florida, enter the name of the
new registered agent and/or the new registered	office address:
Name of New Registered Agent	
Name of New Registered	
	(Florida street address)
	. Florida
New Registered Office Address:	(City) (Zip Code)
lew Registered Agent's Signature, if changing Rehereby accept the appointment as registered agent.	egistered Agent: I am familiar with and accept the obligations of the position.
Sign	nature of New Registered Agent, if changing
Sigi	rullure of the winds and the same of the s

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

address of each Officer: (Attach additional sheets, Please note the officer/dit P = President; V = Vice : Executive Officer; CFO = President, Treasurer, Dir	and/or Di if necessorector title President; Chief Firector wou in the followes the co	rector being added ary) by the first letter of T= Treasurer; S= nancial Officer. If a uld be PTD. Howing manner. Cu proporation, Sally Sm	t: f the office title: Secretary; D= D in officer/director scrently John Doe hith is named the	irector; TR= Trus holds more than o	rector being removed and title, name, and stee; $C = Chairman \text{ or } Clerk; CEO = Chief$ ne title, list the first letter of each office held. T and Mike Jones is listed as the V. There is ould be noted as John Doe, PT as a Change,
Example: X Change	РТ	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action	Title	<u>Name</u>			<u>Addres</u> s
(Check One)	_		i	1 - 100001	the Basine For
(Change	2041	retry GE	RAP) H	AFYINGHO	940/19/14/02/11/9/14/92
Add		/		/	John Worth Ft
					73449
Remove					
2) Change					
Add					

Remove 3) Change

____ Add

4) ____ Change

____ Add

5) ____ Change

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6) ____ Change

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ch additional sheets 11 necessary).	ticles, enter change(s) (Be specific)			
ch additional sheets, if necessary).	, , ,			
		<u></u>		
				
				_
an amendment provides for an	xchange, reclassifica	tion, or cancellation	on of issued shares.	1
ravisions for implementing the t	Westerness is not con	tained in the ame	noment itsett.	
(if not applicable, indicate N/A	}			
	<u> </u>			
				<u> </u>

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			if other than the
The date of each amendment(s) ado date this document was signed.	ption:		
Effective date if applicable:	(no more than 90 d	lays after amendment file date)	
	·		
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable artment of State's records.	ole statutory filing requirements, this date will no	nt be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopt action was not required.	ited by the incorporators, or boa	ard of directors without shareholder action and sh	areholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The n	number of votes cast for the amendment(s)	
	-ound by the chareholders throu	ugh voting groups. The following statement ote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were	sufficient for approval	
L		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
by	(voting group)		
Dated	5.2020		
Signature	3.2020 N		_
Oignature	- Year Assident or other office	er – if directors or officers have not been	
selecte	d, by an incorporator - it in the	hands of a receiver, trustee, or other court	
appoin	ted fiduciary by that fiduciary)		
	PATRICK LA	name of person signing)	
	(Typed or printed n	name of person signing)	
	P220		
	(Title of person sig	gning)	