Plottennons

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Charial last veticas to	Clina Officer	
Special Instructions to	Filing Officer.	

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: GREENSPIRE, I	NC.	
DOCUMENT NUMB	ER: P16000077093		
The enclosed Articles (of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	DANIEL P. SOKOLOFF, O	CPA	
-		Name of Contact Person	1
	DANIEL P. SOKOLOFF, C	CPA, PA	
-	·	Firm/ Company	
	2119 NE 44TH STREET	Timb Company	
-		Address	
	LIGHTHOUSE POINT, FL	33064	
-	<u> </u>	City/ State and Zip Cod	e
DSO	KOLOFF@TAXSOFLA.CO	M	
	E-mail address; (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
DANIEL P. SOKOLO	OFF, CPA	954 at (954-448-4107
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:
S35 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)
Ame Divis P.O.	ing Address indment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301

Articles of Amendment to Articles of Incorporation

of

(Name of Corporation as currently filed with the Florida Dept. of State) P16000077093 (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; 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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (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: Name of New Registered Agent (Florida street address) . Florida New Registered Office Address:

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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John D	<u>oe</u>	
X Remove	<u>v</u>	Mike J	<u>ones</u>	
<u>X</u> Add	<u>\$V</u>	Sally S	<u>inith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	V		CAMILA S. SANTAMARIA	2900 NE 30TH STREET, APT. 5
X Add				FT. LAUDERDALE, FL 33306
Remove				
2) Change		_		
Add				
Remove				—— <u>—</u>
3) Change				-
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

/	ending or adding additional Artic h additional sheets, if necessary).	(Be specific)			
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		-			
<u>lf an</u>	amendment provides for an excha	nge, reclassifica	<u>tion, or cancellati</u>	on of issued share	<u>:5.</u>
prov	<u>disions for implementing the amen</u> (if not applicable, indicate NA)	<u>dment if not con</u>	tained in the ame	ndment itself:	
	(y nor appricume, mineate (v/ze)				
					
					·
				<u> </u>	
					-

	DECEMBER 1, 2018	
The date of each amendment(s) date this document was signed.		, if other than the
Tree of the state	DECEMBER 1, 2018	
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date bepartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
action was not required. Dated	a director, president or other officer—if directors or officers have not been exted, by an incorporator—if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary) (Typed or printed name of person signing) (Title of person signing)	