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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION:ECO ROO	of Inc.	
DOCUMENT NUMBI	er: <u>P17000</u>	007930	
The enclosed Articles of	f Amendment and fee are sub	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
	5 T	Name of Contact Person Firm/ Company onska Pl Address City/ State and Zip Code agrail.com	34491
For further information	concerning this matter, pleas	se call:	
Chelsi Name o	Slouse l'Contact Person	at (<u>352</u> Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment 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)
Ame Divis	ing Address Indiment Section Is sion of Corporations Box 6327	Amend Divisio	Address Iment Section on of Corporations Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

Eco Root Inc.	A MILL SEAL PLANT PLANT A PROMAN
(Name of Corporation as	s currently filed with the Florida Dept, of State)
P1700000 7930	
(Document I	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statits Articles of Incorporation:	itutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration;
	The new
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp," "I word "chartered," "professional association," or the abbr	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	(\underline{ss})
	±8 ⊊ m
C. Faton now mailing address: if applicables	m - m
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.	office address in Florida, enter the name of the ce address:
Name of New Registered Agent	
	(Florida street address)
100 11	. Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Register	red Agent:
I hereby accept the appointment as registered agent. I an	n familiar with and accept the obligations of the position.
Signatur	re 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 Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Mike Jones, V as Remov	ve, and Sally Smit	th, SV as an Add.	
Example: X Change	<u>PT</u> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>SV</u> <u>Sally</u>	· Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	_ <u>D</u>	Ronnic Sneed Jr	Symmerfield FC 34491
Add Remove			Summer field FC 34491
2) X Change	PD	Chelsi Blouse	5 Tomoka PI Summerfield Fl 3491
Add Remove			Summerfield 1. 3491
3)Change			
Add			
4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if r	necessary).	l <mark>es, enter chai</mark> (Be specific)	- · · · 				
						 	
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f an amendment provides provisions for implement	i tor an exens	dment if not	contained in t	he amendmei	<u>ssucq snares,</u> 1t itself:	•	
(if not applicable, indi	icate N/A)	<u> </u>					
(3)							
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The date of each amendment(s) adoption:date this document was signed.	, if other than the
date tills document was signed.	
Effective date if applicable:	er amendment file datc)
(no more than 90) days aft	er amendment file datc)
Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	tory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately.	
"The number of votes cast for the amendment(s) was/were sufficient	• •
by(voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without s action was not required.	nareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without sharel action was not required.	nolder action and shareholder
Dated //13/18 Signature	
(By a director, president or other officer – if di	
selected, by an incorporator – if in the hands of	a receiver, trustee, or other court
appointed fiduciary by that fiduciary)	
Chelsi Blouse	erson signing)
(Typed or printed name of p	erson signing)
President (Title of person	
(Title of person	signing)