## P170000035263

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SECRETARY OF STATE DIVISION OF CORPORATIONS 2: 26

V HERRING APR 1 4 2017

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORAT	ION: FLM U	ITILITY GROW	PENC
DOCUMENT NUMBER	P1700002	5263	
The enclosed Articles of A	mendment and fee are su	bmitted for filing.	
Please return all correspond	dence concerning this ma	tter to the following:	
	Francisco	Mac Name of Contact Perso  ZITY GRAV	n 10 57 4 1/
	FAM UI	Firm/ Company	1 & DC.
	24/41 5	SW 217 1	
	Honestead	Address FL City/ State and Zip Cod	33031
		So Yahoo.co	
For further information con	cerning this matter, pleas	se call:	
Francisco Name of Co	Moc ntact Person	at ( 305	de & Daytime Telephone Number
Enclosed is a check for the			
		payable to the Profita Depa	attilent of State.
□ \$35 Filing Fee l	☑\$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)
	ent Section of Corporations	Amend Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

DIVISION OF CORPORATION:

FAM UTILITY	GRAUF	XNC.	2017 APR 13 PA
(Name of Corpora	ation as currently file	ed with the Florida D	ept. of State)
P170000	25263		
(Doc	ument Number of Cor	poration (if known)	
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this <i>Flori</i>	ida Profit Corporation	adopts the following amendment(s)
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Cowword "chartered," "professional association," or the	rp," "Inc," or "Co".	A professional corp	rporated" or the abbreviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL			
	<del></del>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	oov:		
(mauing auuress MAI DE ATOM OFFICE B			<del></del>
	_		
D. If amending the registered agent and/or regist new registered agent and/or the new registere		n Florida, enter the n	ame of the
Name of New Registered Agent			
<del></del>	(Florida street ad	dress)	
New Registered Office Address:			, Florida
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Relatives I hereby accept the appointment as registered agent.		nd accept the obligation	ons of the position.
Sig	mature of New Registe	ered Agent, if changing	<del></del>

## 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: XChange	PT John Doe	
X Remove	V Mike Jones	
X Add	SY Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1)Change	ST Juan M. Cuesta	301 W 143RD St
Add		5A 5
Remove		New York, NY 10030
2) Change	P Francisco Moc SR	24141 SW 217 AVE
Add		Homeshud FL
Remove	2 7	33031
3) Change	P Francisco Moc	24141 SW 217AVE
X Add		Homestead PL
Remove		33031.
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		<del></del>
0 0		
6) Change		
Add		<del></del>
Remove		

Attach additional she	ng additional Articets, if necessary).	(Be specific)	<del></del>		
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If an amendment pro provisions for imple (if not applicable	menting the amen c, indicate N/A)	i <u>nge, reclassifica</u> dment if not con	tion, or cancellati tained in the ame	on of issued shares ndment itself:	<b>L</b>
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 04/04/2017 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	s 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 votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"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 04/04/2017 Signature	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	
Fruncisco Mo(.  (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	