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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: REDBAY ENVIR	ONMENTAL GROUP, IN	C.
DOCUMENT NUMBI			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
ı	ENRICO OLMINO III		
-	· · · · · · · · · · · · · · · · · · ·	Name of Contact Persor	1
I	REDBAY ENVIRONMENT	AL GROUP, INC.	
-		Firm/ Company	· -
8	8930 WEST STATE ROAD	84. #131	
-		Address	
1	DAVIE, FL 33324		
_		City/ State and Zip Code	2
INFO	@REDBAYCONSULTING.	COM	/
		sed for future annual report	notification)
For further information	concerning this matter, pleas		643, 3763
		at (954	
Name o	Contact Person	Area Co	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)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301

Articles of Amendment to Articles of Incorporation of

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REDDA'S ENTIRONMENTAL GROOM				
(Name o	of Corporation as currentl	y filed with the Florida Dept	, of State)	
	(Dogument Number of	Corporation (if known)		
	·	•		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation ad	lopts the following amendmen	t(s) to
A. If amending name, enter the new na	ame of the corporation:			
N/A			The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "	Co". A professional corpora		
B. Enter new principal office address,	if applicable:	N/A		
(Principal office address MUST BE A S			72.79	
			٠ فنا ٠٠ أ	ή
C. Enter new mailing address, if appl		N/A	- P	
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX	 	<u>`````````</u>	_
		-		
D. If amending the registered agent ar new registered agent and/or the ne			ne of the	
Name of New Registered Agent	N/A			
tune of the regime of the			 	
	(Florida str	eet address)		
New Registered Office Address:	N/A		. Florida N/A	
Hen Registered Office Hadress.		(City)	(Zip Code)	
New Registered Agent's Signature, if o	hanging Pagistared Agent			
I hereby accept the appointment as regis			s of the position.	
	N/A			
	Signature of New F	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.

Example: X Change	PT	John Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>uith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	V		ASTRID VERONICA EDWARDS	16608 S.W. 91st Terr.
X Add				MIAMI, FL 33196
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
Kellove				
6) Change		_		
Add				
Remove				

Attach <i>additional sh</i>	ing additional Ar neets, if necessary)	(Be specific)	<u></u>		
	N/A				
		 			
					<u> </u>
			-		
					
f an amendment p provisions for imp	rovides for an ex-	change, reclassifi	cation, or cancella	tion of issued sha	ares,
(if not applicat	ble, indicate N/A)	chament if hot c	ontained in the au	rendirent usen.	
	N/A				
	10/7				
· · · · · ·	•				
					

The date of each amendment(s) ado	ption:	if other than the
date this document was signed.		
Effective date if applicable:	N/A	
	(no more than 90 days after amendment fil	le date)
Note: If the date inserted in this blo document's effective date on the Department	ck does not meet the applicable statutory filing requirement of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes east for the sicient for approval.	he amendment(s)
	oved by the shareholders through voting groups. The fa such voting group entitled to vote separately on the ame	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
V	(voting group)	-
The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action	n and shareholder
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and	l shareholder
Dated	1/17/19	
Signature	Elmino	
(By a dire selected,	ector, president or other officer – if directors or officers by an incorporator – if in the hands of a receiver, trusted d fiduciary by that fiduciary)	
Ŀ	NRICO OLMINO III	
_	(Typed or printed name of person signing)	
I	PPTS	
_	(Title of person signing)	· · · · · ·