## P17000043858

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Green Medizin, Inc	¢			
	1BER: P17000043858				
The enclosed Article	es of Amendment and fee are su	bmitted for filing.			
Please return all corr	respondence concerning this ma	itter to the following:			
	Anthony Hall				
		Name of Contact Person			
	Green Medizin Inc.				
		Firm/ Company			
	7539 West Oakland Park Blv	'd			
	Address				
	Lauderhill, FL 33319				
		City/ State and Zip Code	****		
	Ahall22@aol.com				
	*	sed for future annual report	notification)		
For further informat: Anthony J Hall	ion concerning this matter, pleas		342-6328		
	e of Contact Person	at ( at (	) 342-6328 de & Daytime Telephone Number		
- -	for the following amount made				
□ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	■S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Green Medizin, Inc.	" " " " " " " " " " " " " " " " " " "		
(Name of Corporation as current	lly filed with the Florida Dept. of State)		
P17000043858			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
	The new		
name must be distinguishable and contain the word "corporation," ' "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word		
B. Enter new principal office address, if applicable:	7539 West Oakland Park Blvd		
(Principal office address MUST BE A STREET ADDRESS)	Lauderhill, FL 33319		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7539 West Oakland Park Blvd		
	Lauderhill, FL 33319		
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address			
Name of New Registered Agent			
(Florida st	reet address)		
New Registered Office Address:	, Florida		
	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar			
wereo, accept the appointment at regionered agent. I am juntime	was accept the oringations by the position.		
Signature of New I	Registered Agent, if changing		
Signature of New 1	regionereu agem, y enunging		

Check if applicable

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

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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			<del> </del>
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

(Attach additional:	sheets, if necessary).	(Be specific)	(s) here:		
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If an amendment	provides for an excha	inge, reclassifica	tion, or cancellatio	on of issued shares,	
provisions for im	plementing the amen	dment if not con	tained in the ame	adment itself:	
(if not applied	able, indicate N/A)				
<del></del> -					

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· ·	10/30/2019	
The date of each amendment(s) a late this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, to be partment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amend sufficient for approval.	ment(s)
	oproved by the shareholders through voting groups. The following sor each voting group entitled to vote separately on the amendment(s)	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
DatedSignature	01/07/2021	
(By a select	director, president or other officer – if directors or officers have not ed, by an incorporator – if in the hands of a receiver, trustee, or othented fiduciary by that fiduciary)	
	Anthony J. Hall	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	