P17000063831

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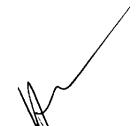


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COVER LETTER

TO: Amendment Section

Division of Corporations Solid Ground capital Investments, Inc. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: James Morris Name of Contact Person Anderson Registered Agents, Inc. Firm/ Company 3225 McLeod Drive, Suite 100 Address Las Vegas, Nevada 89121 City/ State and Zip Code ra@andersonadvisors.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, nease call: James Morris Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$**43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of

Solid Ground Capital Investments, Inc.

	<u></u>
(Name of Cor	poration as currently filed with the Florida Dept. of State)
P17000063831	
	Document Number of Corporation (if known)
its Articles of Incorporation:	Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to
A. If amending name, enter the new name of	the corporation:
	The new
"Corp.," "Inc.," or Co.," or the designation	word "corporation," "company," or "incorporated" or the abbreviation [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 app	licable:
(Principal office address <u>MUST BE A STREE</u>	WINTER HAVEN, FL 33884 STEP
C. Enter new mailing address, if applicable	
(Mailing address <u>MAY BE A POST OFFI</u>	GE BOX) (OIDT CYT RESS CHINICIS DEVV
	STE. # 5/4 WINTER HAVEN, FI 33884
D. If amending the registered agent and/or r	ful egistered office address in Florida, enter the name of the
new registered agent and/or the new regis	stered office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
nes ragiones office ranges.	(City) (Zip Code)
New Registered Agent's Signature, if changir	H. ng Registered Agent:
I hereby accept the appointment as registered a	gent. I am familiar with and accept the obligations of the position.
	NOV T
	Signature of New Registered Agent, if changing U

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V= Vice I Executive Officer; CFO = held. President, Treasurer Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove.	ind/or D if necess ector titl President Chief I Director in the for ves the c	prector being added: pary) The by the first letter of the of the first letter. The first letter is a first letter the first letter of the of the first letter of the of the first letter of the o	fice title: ary; D - Director; TR - Tru. ficer director holds more tha	rector being removed and title, name, and stee; $C = Chairman$ or $Clerk$; $CEO = Chief$ on one title, list the first letter of each office T and Mike Jones is listed as the V . There is ould be noted as John Doe, PT as a Change,
Example: 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)	Title	<u>Name</u> II		Address
1) X Change	VP	Viola Taylor		2500 21st NW, Suite 66
Add			_	Winter Haven, FL 33881
Remove				US
2) Change	VP	Dianna Barnes		2500 21st NW, Suite 66
X Add				Winter Haven, FL 33881
Remove			-	US
3) Change				
Add				
Remove				
4) 61				
4) Change		<u></u>		
Add			-	
Remove			-	
5) Change		- 41		
Add			-	
Remove			-	
6) Change				
Add				

__ Remove

E. If amending or adding additional Arti	icles enter change(s) here
(Attach additional sheets, if necessary).	(Be specific)
	- 1911 1911
	NA CONTRACTOR OF THE CONTRACTO
	<u> </u>
F. If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(y nor applicable, mateure (nort)	
	<u> </u>
	- III - III
	BH (A)
	JNI

08/22/2017	
The date of each amendment(s) adoption:, if other tha	n the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
(no more man 30 tays tyler untertainent yat utile)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a	e the
document's effective date on the Department disstate's records.	is the
doctages is effective date on the population dispute a records.	
Adoption of Amendment(s) (CHECK ONE)	
(<u>=====,==</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s)	
by the shareholders was/were sufficient for approval.	
i i	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement	
must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voling 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.	
$a/aa/\sqrt{3}$	
Dated	
Simplify A 1/4 / A 1/4/2	
Signature (By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator f in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Viola Taylor	
(Eyped or printed name of person signing)	
President	
1 resident	
(Title of person signing)	