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18 JAN 29 PH 2: 41

## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	GREEN	Mountle	an Ventures INC.
OOCUMENT NUMBER:	P1800	i	•
The enclosed Articles of Amendm			
Please return all correspondence of	oncerning this matter to the	e following:	
	17		
***************************************	KATHA   Name	Of Contact Pers	RVis
	GREEN MO	within Ve	St. Rd.
	F	irm/ Company	7.51.53.7
	4190 S.L	U. 103 al	St. Rd.
	<i>(</i> 1 (	Address	2.11 m d
	City/	日、厂上・当 State and Zip Ço	<u>9479</u> ode
E-mail	address: (to be used for fu	ture annual repo	rt notification)
For further information concerning	this matter, please call:		
Kathalya	TARVIS	at ( 352	<u>598-8754</u>
Name of Contact P	erson	Area	Code & Daytime Telephone Number
Enclosed is a check for the following	ing amount made payable t	o the Florida De	partment of State:
□ \$35 Filing Fee □ \$\fomale \$\fomale\$\$ \$43." Certi	ficate of Status Cert (Add	75 Filing Fee & ified Copy litional copy is osed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations	Amer Divis Clifto 2661	et Address Indigent Section Ission of Corporations In Building Executive Center Circle Inhassee, FL 32301

## Articles of Amendment

to

Articles of Incorporation

FILED

18 JAN 29 PM 2: 44

		of	1 .	S3- Ca
<u> </u>	Reen Ma	untain	VenTure	
( <u>Name o</u>	f Corporation as o	currently file	d with the F	lorida Dept. of State)
	P1800			/
	(Document Nu		oration (if h	noum)
Duranest to the			1	<b>,</b>
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statut	es, this <i>Flori</i>	da Profit Cor	poration adopts the following amendment
A. If amending name, enter the new nar	ne of the corporat	tion:		
	Q			TI.
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designal word "chartered," "professional association				The new r "incorporated" or the abbreviation name must contain the
B. Enter new principal office address, if	applicable:		d	
(Principal office address MUST BE A STI	REET ADDRESS	_		
			<u> </u>	
C Enter non-mailing all 14 and				
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF	ible: FFICE BOY:		d	
<u> </u>	TICE BUX)		(2)	
			<del> </del>	
D. If amending the registered agent and/or the new registered agent and/or the new	or registered offic	e address in	 <b>Florida, e</b> nte	er the name of the
new registered agent and/or the new r	egistered office ac	ddress:		
Name of New Registered Agent	$\phi$			
			<del> </del>	
	/I-1		<del></del>	
	(Flor	ida street addi	ess)	
New Registered Office Address:	$-\varphi$			, Florida
		(City)		(Zip Code)
lew Registered Agent's Signature, if chan hereby accept the appointment as registered	ging Registered A d agent. I am fam	Agent: iliar with and	accept the o	bligations of the position.
	Signature of N	lew Registere	d Agent, if ch	anging

address of each Office (Attach additional sheet Please note the officer/of P = President; V = Vico Executive Officer; CFC held. President, Treasur Changes should be note a change, Mike Jones le	r and/or l ts, if neces lirector tit e Presiden  = Chief rer, Direct ed in the fo	Director being added: ssary) tle by the first letter of the office title: nt; T= Treasurer; S= Secretary; D= D. Financial Officer. If an officer/directo tor would be PTD. following manner. Currently John Doe	irector; TR= Tr or holds more to is listed as the I	director being removed and title, name, and custee; $C = Chairman \ or \ Clerk$ ; $CEO = Chief$ than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is thould be noted as John Doe, PT as a Change,
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>		Address
1) Change ∠ Add Remove 2) Change ∠ Add Remove 3.) Change Add Remove Add Remove	Sec TREA	,		2912 S.W. 34 Auc Ocala, Fl. 34474 2912 SW 34 Auc Ocala, Fl. 34474
4) Change Add Remove  5) Change Add Remove				
б) Change		-		

\_ Add

\_ Remove

If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
•	
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exchange, reclassification, or car	ncellation of issued shares,
provisions for implementing the amendment if not contained in the	ne amendment itself:
(if not applicable, indicate N/A)	

. The date of each amendment(s) adoption:	1/22/18	, if other than the
date this document was signed.		
man of the state o	1/22/10	
Effective date if applicable:	I/22/l8nore than 90 days after amendment file	e date)
1		
Note: If the date inserted in this block does not med document's effective date on the Department of State's		ements, this date will not be listed as the
Adoption of Amendment(s) (CHECK	ONE)	
☐ The amendment(s) was/were adopted by the shareh by the shareholders was/were sufficient for approv		ne amendment(s)
☐ The amendment(s) was/were approved by the share must be separately provided for each voting group		
"The number of votes cast for the amendment		
by		
(voting gr	оир)	
☐ The amendment(s) was/were adopted by the board action was not required.	of directors without shareholder action	and shareholder
The amendment(s) was/were adopted by the incorp action was not required.	orators without shareholder action and	shareholder
Dated $//22/18$		
Signature	yazy D Jarres	
(By a director, president of	r other officer -(if directors or officers	
selected, by an incorporat appointed fiduciary by the	or – if in the hands of a receiver, truste	e, or other court
appointed fiduciary by the	it fiducially)	
(	SARU D. TARKIS	
(Typed	or printed name of person signing)	
	ResideNT	
	(Title of person signing)	