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TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: ANIMAL GREEN	CORP	
DOCUMENT NUMBI	P18000036290	· · · · · · · · · · · · · · · · · · ·	
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:	
		CARIDAD LLOPE	Z
-	Name of Contact Person		
		ANIMAL GREEN CO	RP
_	····	Firm/ Company	
2657 SW 92ND AVE			
	Address		
	MIAMI, FL 33165		
_		City/ State and Zip Cod	e
	w	holetax@gmail.com	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas		
CARIDAD LLOPIZ	· · · · · · · · · · · · · · · · · · ·	at () <u>381-1759</u>
Name of 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

ANIMAL	GREEN	CORP
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(Name of Comparation or our	tly filed with the Florida Dept. of State)		
P18000036290	uv med with the riorida Dept. of State)		
(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:	s Floridu Profit Corporation adopts the followi	ng amendment(s)	
A. If amending name, enter the new name of the corporation:			
		The new	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must		
B. Enter new principal office address, if applicable:	2657 SW 92ND AVE		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI, FL 33165		
		 	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2657 SW 92ND AVE		
	MIAMI, FL 33165		
			
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres		10 E	
Name of New Registered Agent		U OF STATE OF ATTO AM 10: 34	
2657 SW 92ND AVE		- 3 Hg	
	treet address)	− <i>i</i> 5	
(Florida si			
New Registered Office Address: MIAMI	. Florida		

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 = ChiefExecutive 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) X Change	P	CARIDAD LLOPIZ	2657 SW 92ND AVE
Add			MIAMI, FL 33165
Remove			
2) Change			
Add			
Remove			
3) Change		-	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Ramova			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
·····	
·	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	,

The date of each amendment(s)	adoption:	, if other than the
date this document was signed,		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	(s)
	pproved by the shareholders through voting groups. The following statem or each voting group entitled to vote separately on the amendment(s):	ient
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
07/06/20 Dated	18	
select	director president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other continted fiduciary by that fiduciary)	
	CARIDAD LLOPIZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	