P18000102780

(Re	questor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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JAN 1 5 2019 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations .

4,

NAME OF CORPORA	ATION: GREEN LIME	CORP		
DOCUMENT NUMBE				
The enclosed Articles of	"Amendment and fee are su	bmitted for filing.		
Please return all correspond	ondence concerning this ma	tter to the following:		
_	DIELIS TOLEDO			
	Name of Contact Person			
_	GREENLIME SERVICES CORP			
	Firm/ Company			
_		3611 SW 113 C	<u>r</u>	
	Address			
_		MIAMI, FL 33165	<u> </u>	
		City/ State and Zip Cod	2	
	ΑI	_AINP23@YAHOO.	COM	
		sed for future annual report		
For further information of	concerning this matter, pleas	se call:		
DIELIS TOLEDO			_, 389-5562	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for t	he following amount made	payable to the Florida Depa	irtment of State:	
■ \$35 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 Tallahasson, 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

	GREEN LIME CORP		
(Name of Corpora	ation as currently filed with the Flori	da Dept. of State)	
	P18000102780		
(Doc	ument Number of Corporation (if know	n)	
Pursuant to the provisions of section 607,1006, Florest Articles of Incorporation:	ida Statutes, this Florida Profit Corpor	ration adopts the follo	wing amendment(s) to
A. If amending name, enter the new name of the	corporation:		
GREENLIN	ME SERVICES CORP		The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co., ord "chartered," "professional association," or th	rp," "Inc," or "Co" A professional	"incorporated" or the corporation name m	abbreviation ist contain the
3. Enter new principal office address, if applical Principal office address <u>MUST BE A STREET AL</u>			
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u>	3(OX)	·	18 T
			3
. If amending the registered agent and/or regist new registered agent and/or the new registere		the name of the	PH 1:
Name of New Registered Agent			5 6
	3611 SW 113 CT		
	(Florida street address)		
New Registered Office Address:	(Florida sireet address) MIAMI	, Florida	— FL

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: XChange	<u>PT</u>	<u>Iohn Doc</u>	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u> Vitle</u>	Name	Address
1) Change			_
Add			
Remove			
2) Change			<u> </u>
Add			
Remove			
3.) Change		_	
, Add			
Remove			
4) Change			_
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change			_
Add			
Remove			

Attach <i>additional s</i>	ing additional Artic wets, if necessary).	(Be specific)			
					-
			<u>.</u>		
			·		
			·		
		 			
·					
				,	
		· · · · · · · · · · · · · · · · · · ·			
					<u></u>
if an amendment	rovides for an excha	inge, reclassifica	tion, or cancella	tion of issued sha	ires,
provisions for im	lementing the amon	dment if not con	tained in the am	endment itself:	
(у погарунсс	ble, indicate N/A)				
•					
					

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 block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amend by the shareholders was/were sufficient for approval.	dment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sha action was not required.	reholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareho action was not required.	lder
Signature (By a director, president or other officer – if directors or officers have no	J. harry
selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	er court
DIELIS TOLEDO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	