P20000020131

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: GREEN UNITE	ED VENTURES INC.			
DOCUMENT NUMBE	P20000020131				
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:			
C	ARY GREEN				
		Name of Contact Person	1		
O	GREEN UNITED VENTURES INC.				
_	· · · · · ·	Firm/ Company			
3	205 58TH ST SOUTH, APT	T 211			
_		Address			
C	GULFPORT FL., 33707				
_		City/ State and Zip Code	2		
C	SEGREEN2014@HOTMAII	L.COM			
_	E-mail address: (to be us	sed for future annual report	notification)		
For further information GARY GREEN	concerning this matter, pleas		564-8480		
	Contact Person	at (⁷²⁷)de & Daytime Telephone Number		
	the following amount made				
□ \$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 Tallahassee, FL 32314		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

(Name of	Corporation as current	ly filed with the Florida Dept. of State)	
P20000020131			
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.10 ts Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation adopts the follo	wing amendment(s)
A. If amending name, enter the new nam	ne of the corporation:		
ΔA			The new
ame must be distinguishable and contain to Inc.," or Co.," or the designation "Co 'chartered," "professional association," o	rp," "Inc," or "Co".	'company," or "incorporated" or the abbrev A professional corporation name must co	nation "Corp.,"
3. Enter new principal office address, if	applicable:	A a	
Principal office address <u>MUST BE A ST</u>			2828 (A.C.
			SISH SISH
		•	5
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		/(A	2
(Muning dauress MAT BE A FOST O	PPICE BOX	74.7	
). If amending the registered agent and	or registered office add	Iress in Florida, enter the name of the	
new registered agent and/or the new	registered office addres	<u>s:</u>	
Name of New Registered Agent	An		
-	(Florida si	reet address)	
New Registered Office Address:	/JA	, Florida	
			Zip Code)
New Registered Agent's Signature, if cha- hereby accept the appointment as register		t: with and accept the obligations of the positi	on,
	,	, , , , , , , , , , , , , , , , , , , ,	
	(
	Simulation of Van	Registered Agent, if changing	
	Signature of New 1	Registerea Agent, ij changing	
Check if applicable			
☐ The amendment(s) is/are being filed pure.	suant 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)

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: X Change	<u>PT</u>	John D	<u>oe</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jones		
X Add	<u>sv</u>	Şally Ş	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	V		MICHAEL KNETTLE	5619 23RD AVE. SOUTH,
Add				GULFPORT FLORIDA 33707
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
, 8 Add		_		
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
A)	
	—
	-
	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
GARY GREEN WILL RECEIVE 89 SHARES	
MICHAEL KNETTLE WILL RECEIVE II SHARES	
	—

. .

• •	4/11/2020	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:	4/13/2020	
	(no more than 90 days after amendme	ent file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors wit	hout shareholder action and shareholder
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cassufficient for approval.	st for the amendment(s)
	oproved by the shareholders through voting groups. or each voting group entitled to vote separately on the	
"The number of votes can	st for the amendment(s) was/were sufficient for appro	oval
by ALL		
	(voting group)	
4/11/2020 Dated Signature		
(By a select	director, president or other officer – if directors or or ed, by an incorporator – if in the hands of a receiver need fiduciary by that fiduciary)	
	GARY GREEN	
	(Typed or printed name of person signi	ng)
	PRESIDENT	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·