P21000021883

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Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
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J. HOR	NE	i
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Hemp Company of America Name of Corporation	
DOCUMENT NUMBER: P21000021883	
	ered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning to	this matter to the following:
Kimberty Carlson	
Name of Contact Person Hemp Company of America	
Firm/Company 21301 S Tamiami Trl, STE 320 PMB 175	
Address Estero, Fl 33918	
City/State and Zip Code zawi@hempearbonoffset.	com
E-mail address: (to be used for future ann	ual report notification)
For further information concerning this matter	er, please call:
Kimberly Carlson	at (239) 221-4495 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to	the Department of State.
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314	2413 IN. MONTOE SITECT, Suite 810

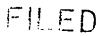
Tallahassee, FL 32303

CR2E045 (04/13)

A #35

Tallahassee, Fl. 32314

Articles of Amendment to Articles of Incorporation of



to

Hemp Company of America		2022 JAH -3 AM 4: 18
(Name of Corporation as	currently filed with the Florida De	
P21000021883	•	SECRETARY OF STATE
(Document N	umber of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statuits Articles of Incorporation:	tes, this Florida Profit Corporation a	adopts the following amendment(s
A. If amending name, enter the new name of the corpora	<u>ilion:</u>	
		The new
name must be distinguishable and contain the word "corpora "Inc.," or Co.," or the designation "Corp," "Inc," or " "chartered," "professional association," or the abbreviation	'Co". A professional corporation	" or the abbreviation "Corp"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Σ)	
		-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		ime of the
Name of New Registered Agent		
(F)	lorida street address)	
New Registered Office Address:		, Florida
The state of the s	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	1 Agent: amiliar with and accept the obligation	ns of the position.
C:	EMma Danistan of Come (C. I.	
Signature o	f New Registered Agent, if changing	
Check if applicable		

☐ The amendment(s) is/are being filed pursuant 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 Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action	Title	<u>Name</u>	<u>Addres</u> s
(Check One) X 1) Change	DPS	Kimberly Borsa	21301 S. Tamiami Trl
Add			STE 320 PMB 175
Remove			Estero Fl 33928
2) Change	DPS	Kimberly Carlson	21301 S. Tamiami Trl
X Add			STE 320 PMB 175
Remove 3) Change			Estero Fl 33928
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary,	rticles, enter change(s) he). (Be specific)		
			· •
			
			
			
			
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			<u> </u>
			<u> </u>
f an amendment provides for an ex	change, reclassification, o	or cancellation of issued sh	ares,
provisions for implementing the an (if not applicable, indicate N/A)	nendment if not contained	I in the amendment itself:	
(3)			

. .

	11/15/21	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
	1/15/21	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Note: If the date inserted in thi document's effective date on the	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by	**	
v)	(voting group)	
12/26/2		
Dated	I	
Dated		
Cianatura	The same of the sa	
Signature	a director, president or other officer – if directors or officers have not been	
` ,	ected, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ointed fiduciary by that fiduciary)	
		,
	(Typed or printed name of person signing)	berly Borsa)
	(1) ped of period finite of person signing)	J
	DPS	
	(Title of person signing)	