## Paa000084694

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: REORDER ADV.	INC.			
DOCUMENT NUM	E22000083693				
The enclosed Article.	s of Amendment and fee are su	bmitted for filing			
Please return all corre	espondence concerning this ma	tter to the following.			
	Jose Palacio				
		Name of Contact Person			
	Reorder Adv. Inc				
		Firm/ Company			
	9600 W Sample Rd. Suite 20	0			
		Address			
	Coral Spring Fl 33065				
	City/ State and Zip Code				
	josepalaciocastrillon@gmail.com				
		sed for future annual report	notification)		
For further informati	on concerning this matter, plea	se call:			
Jose Palacio		954 at (	477-4691 de & Daytime Telephone Number		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

REORDER ADV. INC.	2025 MAY 19 AM 11: 55
(Name of Corporation	on as currently filed with the Florida Dept. of State)
P22000084694	TALLAHASSET, FI
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
GROWEASY SOLUTIONS INC.	The new
	rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	Vi
(Maning marks) MARY BEACH OUT OF THE BOS	
D. If amending the registered agent and/or register new registered agent and/or the new registered.	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address.	. Florida
	(Cny) (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	<u>istered Agent:</u> I am familiar with and accept the obligations of the position.
Sime	ature of New Registered Agent, if changing
Signe	mure of the megistered typent, if endinging

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)

Example:

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) Change			
Add			
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			4
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>If amending or adding additional Articles, enter change(s) here.</u> (Attach additional sheets, if necessary). (Be specific)		
·		
<del></del>		
<u>lf an a</u>	mendment provides for an exchange, reclassification, or cancellation of issued shares,	
prov (	sions for implementing the amendment if not contained in the amendment itself: f not applicable, indicate $N/4$ )	
<del></del> -		

. . .

	May1/2025	
Fhe date of each amendment(s) ad late this document was signed.	option:	, if other than the
_	1/2025	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment f	ile date)
<b>Note:</b> If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requartment of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adoption was not required.	oted by the incorporators, or board of directors without	t shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for ficient for approval.	the amendment(s)
must be separately provided for e	oved by the shareholders through voting groups. The ach voting group entitled to vote separately on the an or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
	egro), president or other officer – if directors or office	
	by an incorporator – if in the hands of a receiver, trued fiduciary by that fiduciary)	stee, or other court
	OSE I. PALACIOS	产品的
-	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	