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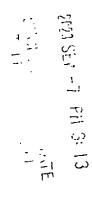
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: GREENE ARC, IN	IC.			
DOCUMENT NUM	1BER:				
The enclosed Article	es of Amendment and fee are su	bmitted for filing.			
Please return all corr	respondence concerning this ma	tter to the following:			
	FRANCINE GREENE				
		Name of Contact Persor)		
	GREENE ARC, INC.				
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·		
	5591 AINSLEY CT				
	Address				
	BOYNTON BEACH, FL 33347				
	City/ State and Zip Code				
	FRAN.GREENE@LIVE.CO	M			~~
	E-mail address: (to be us	sed for future annual report	notification)	,	2723 Sici
For further informati	on concerning this matter, pleas	se call:			
FRANCINE GREEN	NE	361 21 (561	90-35130		۲:۱۱
Name	of Contact Person	Area Coo) 90-35130 de & Daytime Telephone Number	 .	्र.
Enclosed is a check t	for the following amount made			- · · · · · · · · · · · · · · · · · · ·	ū
□ \$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		Street .	Address		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

GREENE ARC, INC.

(Name of Corporation	on as currently filed with the Flori	da Dept. of State)	
	P23000018347		
(Docum	nent Number of Corporation (if know	vn)	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	a Statutes, this <i>Florida Profit Corpor</i>	ration adopts the following	lowing amendment(s)
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbre	" or "Co". A professional corpor	orated" or the abbre ration name must c	eviation "Corp.," contain the word
B. Enter new principal office address, if applicable	• •		
(Principal office address <u>MUST BE A STREET ADD</u>			
			<u> </u>
C. Enter new mailing address, if applicable:			Ĕ,
(Mailing address MAY BE A POST OFFICE BO	<u></u>		<u>_</u>
			<u></u>
			, 0
D. M			24 5
D. If amending the registered agent and/or register new registered agent and/or the new registered	<u>ed office address in Florida, enter</u> office address:	the name of the	rs1
Name of New Registered Agent			
Name of New Registered Agent			
 	(Florida street address)		
No. Period of Office 111	() or many out white casy		
New Registered Office Address:	(Citv)	, Florida	(Zip Code)
	• •		,p ==,
New Registered Agent's Signature, if changing Reg	istered Agent:	is a day	
hereby accept the appointment as registered agent.	i am jamiliar with and accept the ob	ugations of the posi	tion.
Signa	ture of New Registered Agent, if cha	ınging	

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.

X Change	PT Joh	n Doe	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	CEO,P.I	BENJAMIN GREENE	5591 AINSLEY CT
Add			BOYNTON BEACH, FL 33437
Remove			
2) X Change	C,V,D	FRANCINE GREENE	5591 AINSLEY CT
Add			BOYNTON BEACH, FL 33437
Remove 3) X Change	CFO,T,[SAMUEL GREENE	5591 AINSLEY CT
Add			BOYNTON BEACH, FL 33437
Remove			
4) Change			
Add			C
Remove			
5) Change			
Add			
Remove			
<i>δ</i>) Change			
Add			
Remove			

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			-,
f an amendment provides for an exchang	ge, reclassification, or cancellation	n of issued shares.	•
provisions for implementing the amendr (if not applicable, indicate N/A)	ment if not contained in the amen	dment itself:	
(y not applicable, materile WA)			
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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 D	block does not meet the applicable statutory filing require epartment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without sl	hareholder action and shareholder
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the ufficient for approval.	he amendment(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The fore each voting group entitled to vote separately on the amer	llowing statement ndment(s):
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by	"	
- /	(voting group)	
SEPTEME Dated Signature	Samuelareemol	
(By a c	lirector, presidention other officer – if directors or officers ed, by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	have not been c, or other court
	SAMUEL GREENE	
	(Typed or printed name of person signing)	
	CFO, TREASURER, SECRETARY	
	(Title of person signing)	1
		P
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