P24000036644

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: GOT DIRT INC		
DOCUMENT NUM	IBER: P24000036644		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	DOMENICK GALATOLO		
		Name of Contact Person	1
	GOT DIRT INC		
		Firm/ Company	
	3578 SW 49TH TERRACE		
		Address	, , , , , , , , , , , , , , , , , , ,
	OCALA FL 34474		
		City/ State and Zip Code	e
	SIMPLYBOOKKEEPINGCO	ORPFL@GMAIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, plea	se call:	
DOMENICK GALA	TOLO	at (5541600
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:
S35 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 to Articles of Incorporation of

GOT DIRT INC	
(Name of Corporation	on as currently filed with the Florida Dept. of State)
24000036644	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida ts Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s)
. 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 abbres	orporation," "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>	<u>DRESS</u>)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO)	<u></u>
). If amending the registered agent and/or register	red office address in Florida, enter the name of the
new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
New Registered Office Address.	(City) (Zip Code)
ew Registered Agent's Signature, if changing Regi	vistered Agent: I am familiar with and accept the obligations of the position.
nevery accept the appointment as regimered agon.	, and an accept the magazine sy me passage
Signa	ature of 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)

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 = 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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address .
1) Change	P		DOMENICK GALATOLO	3578 SW 49TH TERRACE
X Add				OCALA FL 34474
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change		_		
Add				
Remove				

Attach add	ng or adding additional Articles, enter chang ditional sheets, if necessary). (Be specific)	eraj nere.
		
		
_	a sa	siene en en en latiene of insued about
nrovision	ndment provides for an exchange, reclassificants for implementing the amendment if not cor	ntained in the amendment itself:
(if no	ot applicable, indicate N/A)	
<u>. </u>		

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	each amendment(s) adoption:ument was signed.	, if other than the
Effective dat	te if applicable:	
	(no more than 90 days after amendment file date)	
	date inserted in this block does not meet the applicable statutory filing requirements, this effective date on the Department of State's records.	date will not be listed as the
Adoption of .	Amendment(s) (CHECK ONE)	
	dment(s) was/were adopted by the incorporators, or board of directors without shareholder as not required.	ction and shareholder
	dment(s) was/were adopted by the shareholders. The number of votes cast for the amendment areholders was/were sufficient for approval.	nt(s)
☐ The amend must be se	dment(s) was/were approved by the shareholders through voting groups. The following state eparately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The	e number of votes cast for the amendment(s) was/were sufficient for approval	
by _	1	
	(voting group)	
	09/09/2024 Dated	
	(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other c appointed fiduciary by that fiduciary)	
	DOMENICK GALATOLO	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)