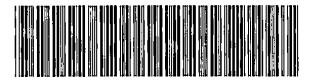
## P950000 17368

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Aquatic	Weed Control, Inc
DOCUMENT NUMBER: P9500001	
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
_ Eric T	Tman Name of Contact Person
	Name of Contact Person
Aqueta	Weed Control, Inc Firm/Company
	· · · · · · · · · · · · · · · · · · ·
6536 Pi	necastle Blud Suite A
0-1	Address
<u>URIONO</u>	City/ State and Zip Code
einmane	aguatic weed control, net
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, pleas	se call:
ERIC J Inman	at ( 407) 402-9912  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee Status  \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suit Tallahassee, FL 32303	

## Articles of Amendment to Articles of Incorporation of

Hquatic Weed Control	Inc	
(Name of Corporation as current)	y filed with the Florida Dept. of State)	
P95000017368		
(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the follow	ing amendme
A. If amending name, enter the new name of the corporation:		m
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	professional corporation name must cont	
B. Enter new principal office address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		202
		APR
C. Enter new mailing address, if applicable:	NA	ω <sub>7/2</sub> 
(Mailing address MAY BE A POST OFFICE BOX)	701#	<u></u>
		- <del></del> -
		9
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:		
Name of New Registered Agent NA	·	
(Florida stre	eet address)	
New Registered Office Address: WA	, Florida	
(	(City) (Zi	p Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w		L
./ .		
N/A	pointmed donne if sharping	<del></del>
Signature of New Re	gisierea Ageni, ij changing	
Check if applicable  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, nan 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offic 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. T 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 C 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	ST	HosaGlook Christy L	154 Osprey Hammor
Add			Smoord, FL 32771
X_Remove			
2) Change	ST	Martin Hilary	4438 ATWOUD DEIVE
X Add			ORIANDOF 32828
Remove 3) Change		<del></del>	
Add			
Remove			
4) Change		- <u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

41	. (Be specific)
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_NIH	
f an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the am	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
provisions for implementing the am (if not applicable, indicate N/A)	nendment if not contained in the amendment itself:
provisions for implementing the am (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
provisions for implementing the am (if not applicable, indicate N/A)	nendment if not contained in the amendment itself:
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(if not applicable, indicate N/A)	nendment if not contained in the amendment itself:
provisions for implementing the am (if not applicable, indicate N/A)	nendment if not contained in the amendment itself:
provisions for implementing the am (if not applicable, indicate N/A)	nendment if not contained in the amendment itself:

The date of each amendment(s) adoption: 4 20 20
Effective date if applicable:  (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):  "The number of votes past for the aptendment(s) was/were sufficient for approval by
(Typed or printed name of person signing)  TESIDENT  (Title of person signing)