P96000028544

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ARTESIAN ENV	IRONS, INC.		
DOCUMENT NUMBER:	P96000028544			
The enclosed Articles of Amend	ment and fee are su	bmitted for filing.		
Please return all correspondence	concerning this ma	tter to the following:		
MARTIN	J. GALVIN			
		Name of Contact	Person	
		Firm/ Compa	ıny	
19284 PH	NE GLEN DRIVE			
-		Address	_	
FORT M	YERS, FL 33967			
		City/ State and Zi	p Code	
RTNVIN	C@EMBARQMAI	L.COM		
E-ma	il address: (to be u	sed for future annual.	report r	otification)
For further information concerni	ng this matter, plea	se call:		
MARTIN J. GALVIN		al (39	872-0171 & Daytime Telephone Number
Name of Contact	Person	Ar	rea Cod	& Daytime Telephone Number
Enclosed is a check for the follow				
	3.75 Filing Fee & rtificate of Status	S43.75 Filing Fe Certified Copy (Additional copy enclosed)		☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addr Amendment So Division of Co P.O. Box 6327 Tallahassee, Fi	ection rporations	A C 1 2	Division The Cci 2415 N.	ddress nent Section of Corporations ntre of Tallahassee Monroe Street, Suite 810 see, F1, 32303

Articles of Amendment

to

Articles of Incorporation

of

ARTESIAN ENVIRONS, INC.

(Name of Corporation as currently	filed with the Florida Dept. of State)
P9600002	8544
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this attacks of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
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."	The new ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	~3
	<u></u>
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	U1
	P
	19
	
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	
	
(Florida stre	et address)
New Registered Office Address:	Florida
	(Zip Code)
w Registered Agent's Signature, if changing Registered Agent:	
reby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Çi	with the second the second sec
Signature of New Re	gistered Agent, if changing
A AM AA A A	

:k if applicable

te 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	$\overline{b,L}$	John Do	<u>oe</u>	
X Remove	<u>Y</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally St	nith	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	D	_	GINA L. GALVIN	19284 PINE GLEN DRIVE
Add				FORT MYERS, FL 33967
X Remove 2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
1) Change				
Add				
Remove				
Change		_		
Add				
Remove				
Change		_		
Add				
Remove				

	f necessary). (Be specific	<u>ange(s) here</u> :)		
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If an amandmans asset 1-	es for an exchange, reclass	ification, or cancellation	of issued shares,	
provisions for implement	ang me amenament n no	i contained in the amend	iment itsen:	
provisions for implemen (if not applicable, ind	licate N/A)			
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provisions for implemen	licate N/A)			

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The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
The trace in applicable.	(no more than 90 days after amendment file d	late)
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirent Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without sha	reholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the sufficient for approval.	amendment(s)
☐ The amendment(s) was/were must be separately provided j	approved by the shareholders through voting groups. The follower for each voting group entitled to vote separately on the amend	owing statement ment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	DECEMBER /0 , 2020	
Signature	Vant Dal	
selec	a director, predicent or other officer – if directors or officers had ted. by an incorporator – if in the hands of a receiver, trustee, binted fiduciary by that fiduciary)	or other court
	MARTIN J. GALVIN	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	

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