

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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COR AMND/RESTATE/CORRECT OR O/D RESIGN GREEN LIFE IRRIGATION, INCORPORATED

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COVER LETTER

Division of Cor				
NAME OF CORPO	DRATION: GREEN LIFE IRR	IGATION, INCORPORA	TED	
DOCUMENT NUM	IBER:		·	
The enclosed Article	s of .4mendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	Lisa Adams			
		Name of Contact Person	n .	
	Licenses, Etc.			
		Firm/ Company		
	886 110th Ave. N. #6			
		Address		
	Naples, FL 34108			
		City/ State and Zip Cod-	e	
sup	port@licensesetc.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
Lisa Adams		at (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	urtment of State;	
■ \$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)	
M	ailing Address	Street	<u>Address</u>	
	nendment Section	Amendment Section		
	vision of Corporations	Division of Corporations		
	O. Box 6327		Building	
Та	Ilahassee, FL 32314	2661 E	xecutive Center Circle	

Tallahassee, FL 32301

	Page 4 of 7	2017-03-07 15;33.10 (GMT)	From Li
			(((H17000063267 3)))
		Articles of Amendment	17 MAR -7 AM 9: 24
		Articles of Incorporation of	京都 株式 (単) () () () () () () () () (
GREEN I	JFE IRRIGATION, INCORPORAT	ED	# /
	(Name of Co	rporation as currently filed with the	e Florida Dept. of State)
P9600004			
		(Document Number of Corporation (i	if known)
		Florida Statutes, this Florida Profit	Corporation adopts the following amendment(s
us Arnoic	s of Incorporation:		
A, If ame	nding name, enter the new name o	f the corporation:	
word "che B. Enter	"Inc.," or Co.," or the designation refered," "professional association, ' new principal office address, if app office address <u>MUST BE A STREE</u>	or the abbreviation "P.A."	ssional corporation name must contain the
	new mailing address, if applicable ng address <u>MAY BE A POST OFF</u> I		
D. If ame	unding the projectored agent and/ov	wagistawad office address in Florida	ontor the name of the
	egistered agent and/or the new reg	registered office address in Florida, stered office address:	enter the name of the
Δ	ame of New Registered Agent		
	·····	(Florida street address)	
			, Florida
Δ	ew Registered Office Address:		
Δ	ew Registered Office Address:	(City)	(Zīp Code)
Δ	ew Registered Office Address:	(City)	(Zīp Code)
_	iew Registered Office Address:		(Zıp Code)

Signature of New Registered Agent, if changing

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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	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	DAVID P POTTER	2505 POINCIANA DR
Add			WESTON, FL 33327
X Remove			
2) Change	٧P	PEDRO C CHICO	173 IROQUOIS STREET
Add			TAVERNIER, FL 33070
X Remove			
3) Change	VP	ADELE CHICO .	173 IROQUOIS STREET
X Add			TAVERNIER, FL 33070
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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Attach additional sheets, if i	tecessary). (Be speci	ific)		
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f an amendment provides	for an exchange, reck	assification, or cance	llation of issued shares	
provisions for implementing	ng the amendment if i	not contained in the	amendment itself:	•
(if not applicable, indic	ate N/A)			
		· · · · · · · · · · · · · · · · · · ·		

(((H170000632673))) _, if other than the The date of each amendment(s) adoption: date this document was signed. 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 listed as the 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 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 cast for the amendment(s) was/were sufficient for approval (voting group) ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. 🗮 The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. 03/07/2017 Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) CHARLA C CHICO (Typed or printed name of person signing) President

(Title of person signing)