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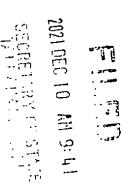
(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
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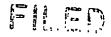
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ACREAGE	= MOBILE SMALL ENGLISH IN
	00 17411
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
Please return all correspondence concerning this matte	er to the following:
ROBART WA	Name of Contact Person
ACROAGE M.	Pirm/Company
157.34 63 Rd	
Loxahit chèc	City/ State and Zip Code
ACLEAGESE (to be used	d for future annual report notification)
For further information concerning this matter, please Roker Wallace Name of Contact Person	at (56/) 358-6/39 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	
\$35 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address 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



ACREAGE MOSI	LE SMALL		ZWC_2021 DEC 10	AH 9:41
(Name of	f Corporation as current	ly filed with the Flo	orida Dept. of State)	
\$ 99000017	411		SECRETARY TALLAME	OF STATE
· · · · · · · ·	(Document Number of	of Corporation (if kn	own)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corp	poration adopts the follow	wing amendment(s)
A. If amending name, enter the new na	me of the corporation:			
				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Co"chartered," "professional association,"	orp," "Inc," or "Co".	A professional corp		
B. Enter new principal office address, i (Principal office address <u>MUST BE A ST</u>				
C. Enter new mailing address, if application (Mailing address MAY BE A POST C				
D. If amending the registered agent and new registered agent and/or the new	registered office address		er the name of the	
Name of New Registered Agent	ROBERT W.	ALKON.		
_	MIA			
	•	reet address)		
New Registered Office Address:	N/A		, Florida	
		(City)	(4	(ip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe			obligations of the position	n.
Deli	Make	Registered Agent, if c		
	Signature of New F	cegistered Agent, if c	cnanging	

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	<u>PT</u>	John De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change	Ple	5 Xul	SUSZAME M. WALKER	15734 634 plus
Add				LOXALTICKEE, FI-
Remove				33470
2) Change				
Add				
Remove Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

	r adding additional At nal sheets, if necessary)	. (Be specific)			
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				<u> </u>	-
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f an amendn	ient provides for an ex	change, reclassific	ation, or cancella	ion of issued share	<u>s,</u>
provisions fo	or implementing the an	nendment if not co	ntained in the am	endment itself:	
(ij not ap	pplicable, indicate N/A)				
			<u> </u>		
					
					

• • • • •

The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date <u>if applicable</u> :/ <u>ノノ/ア/</u> ス/	
Effective date if applicable: 12/7/21 (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 document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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	
by	
(voting group)	
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)	
(Typed or printed name of person signing) (Title of person signing)	
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