P9900092525

(Re	equestor's Name)	_
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	TIAW	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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C. GOLDEN

DEC - 5 2017

COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Irrigation Solutions Incomment number: P99000092525
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jennifer SKaggs Name of Contact Person Trigation Solutions Inc. Firm/ Company 453 Glenwood Rd. Address Deland, Pl. 32720 City/ State and Zip Code Imagation Solution Sinc @ hotmail. Com E-mail address: (to be used for future annual report notification)
For-further information concerning this matter, please call:
Jennifer Skaggs at (380) 7/7-7894 Name of Contact Person Stage Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$\int \text{S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)} \text{Certified Copy (Additional Copy is enclosed)}
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301



November 16, 2017

JENNIFER SKAGGS 453 GLENWOOD ROAD DELAND, FL 32720

SUBJECT: IRRIGATION SOLUTIONS INC.

Ref. Number: P99000092525

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 717A00023310

Articles of Amendment

FILED

Articles of Incorp	poration LBH-25
of	2017 DEC -4 AM II: 25
Trigation Solutions (Name of Corporation as currently f	inc.
(Name of Corporation as currently f	led with the Florida Dept. of State)
P99000092525	2)
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.,	". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N 1.4.
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent 153 (Florida street)	SKaggs Novel Rel
Now Registered Office Address: DR and	, Florida 34, 720
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
Conner Sk	ages

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 Y. 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.

Example: <u>X</u> Change	PT	John II	<u> Doe</u>	
X Remove	<u>V</u>	Mike J	<u>Iones</u>	
<u>X</u> Add	<u>sv</u>	Sally S	<u>Smith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change			Nathan Skaggs	453 Glenwood Ro
Add Remove				Deland FL 32720
2) Change Add	T	<u>-</u>	Conner Skaggs	453 Glenwood Rd Deland FL
Remove 3)ChangeAdd				32720
Remove 4) Change Add		_		
Remove 5) Change Add		_		
Remove 6) Change Add		_		
Remove				

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)
Gennifer Skaggs now has 40 shares
amended from 50.
amended from 50. Nathan Skaggs has 40 shares, amende
From 50.
() 100 C C V 200 C 200
Conner Skaggs is now owner of 20 shares. This is newly amended
20 Shares. This is newly amended
as of November 28, 2017.
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
(y noi applicable, maicale 1914)
101-110
Let the corporate documents reflect above changes.
retlect above changes.
S Jennifer SKaggs- 40 Shares
1- Northan Skarags - 40 Shares
1 - Nathan SKaggs - 40 Shares T - Conner Skaggs - 20 Shares
1 Control Stategos 5.0 States

The date of each amendment(s) adoption: November 28, 2017, if other than the
Effective date if applicable: November 28, 2017
Effective date if applicable: / V OV EM DEC SO , DO
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 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)
☐ 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.
Dated 11 - 2-8 - 17
Dated 11 - 2-8 - 17 Signature Olympa Skapp
(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)
(Typed or printed name of person signing)
Pres. 1 Sec.

(Title of person signing)