# Po3000/18338

| (Requestor's Name)  (Address)  | 900184508839   |
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| (City/State/Zip/Phone #)   | No. of the second secon |
| (Business Entity Name)  (Document Number)  | 08/27/1001028001 **35.00   |
| Certified Copies Certificates of Status  Special Instructions to Filing Officer: | Total  |
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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORP         | PORATION:                                | JOSE SOLORZANO IRRIGATION , INC.                      |
|----------------------|--|---|
| DOCUMENT NU          | MBER:                                    | P03000118338  |
| The enclosed Artic   | les of Amendment and                     | if ee are submitted for filing.                       |
| Please return all co | rrespondence concern                     | ing this matter to the following:                     |
|                      |  | JOSE SOLORZANO  |
|                      |  | Name of Contact Person                                |
|                      | JOSE                                     | SOLORZANO IRRIGATION , INC.                           |
|                      |  | Firm/ Company   |
|                      |  | 1017 TRINIDAD AVENUE                                  |
|                      |  | Address   |
|                      |  |   |
|                      | FC                                       | RT PIERCE, FLORIDA 34982                              |
|                      |  | City/ State and Zip Code                              |
|                      | E-mail address: (to                      | be used for future annual report notification)        |
| For further informa  | ation concerning this n                  | natter, please call:                                  |
| JOS                  | SE SOLORZANO                             | at ( 772 ) 370 - 5094                                 |
| Name                 | of Contact Person                        | Area Code & Daytime Telephone Number                  |
| Enclosed is a check  | k for the following am                   | ount made payable to the Florida Department of State: |
|                      | S43.75 Filing Fee & Certificate of Statu |   |
| Mailing Ac           | <u>ddress</u>                            | Street Address  |
| Amendmen             |  | Amendment Section                                     |
|                      | `Corporations                            | Division of Corporations                              |
| P.O. Box 6           |  | Clifton Building                                      |
| Tallahassee          | e. FL 32314                              | 2661 Executive Center Circle                          |

Tallahassee, FL 32301

#### **Articles of Amendment**

to

### Articles of Incorporation



| A. If amending name, enter the new name of the corporation:  PREMIER IRRIGATION AND LANDSCAPING SERVICES INC.  The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation must contain the word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | PO3000118338  (Document Number of Corporation (if known)  to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following(s) to its Articles of Incorporation:  PREMIER IRRIGATION AND LANDSCAPING SERVICES INC.  The new set be distinguishable and contain the word "corporation," "company," or "incorporated" or the fon "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation to contain the word "chartered," "professional association," or the abbreviation "P.A."  new principal office address, if applicable: In gaddress MUST BE A STREET ADDRESS  The new mailing address, if applicable: In gaddress MAY BE A POST OFFICE BOX  Professional corporation association, "or the abbreviation "P.A."  In the new principal office address, if applicable: In gaddress MUST BE A STREET ADDRESS  The new mailing address, if applicable: In gaddress MAY BE A POST OFFICE BOX  The new mailing address in Florida, enter the name of the egistered agent and/or the new registered office address:  The new Registered Agent:  The new mailing address in Florida, enter the name of the egistered agent and/or the new registered office address:  The new Registered Agent:  The new professional Association and the professional corporation of the new registered office address in Florida, enter the name of the egistered agent and/or the new registered office address:  The new Registered Office Address:  The new name of New Registered Agent:  The new name of New Registered Agent:  The new name of New Registered Agent:  The new name of New Registered Address:  The new name of New Registered Address:  The new name of New Registered Agent:  The new name of New Registered Address:  The new name of New Registered Agent:  The new name of New Registered Agent:  The new name of New Registered Agent:  The new name of New Registered Agent Ag | PO3000118338  (Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the followamendment(s) to its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  PREMIER IRRIGATION AND LANDSCAPING SERVICES INC.  The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.," A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (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 in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent:  New Registered Office Address:  (Florida street address)  Florida  Florida |   | of                   | 20/                   | DAUG 3       |                   |                   |
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| (Document Number of Corporation (if known)  Graduate and profit Corporation adopts the mendment(s) to its Articles of Incorporation:  If amending name, enter the new name of the corporation:  PREMIER IRRIGATION AND LANDSCAPING SERVICES INC.  The ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or observiation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporate ame must contain the word "chartered," "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | (Document Number of Corporation (if known)  to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following in the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following in the section of Incorporation:  PREMIER IRRIGATION AND LANDSCAPING SERVICES INC.  The new set be distinguishable and contain the word "corporation," "company," or "incorporated" or the ion "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation at contain the word "chartered," "professional association," or the abbreviation "P.A."  new principal office address, if applicable: In office address MUST BE A STREET ADDRESS)  The new mailing address, if applicable: In address MAY BE A POST OFFICE BOX  Product the new registered office address in Florida, enter the name of the egistered agent and/or the new registered office address:    Application   | (Document Number of Corporation (if known)  ursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the followmendment(s) to its Articles of Incorporation:  If amending name, enter the new name of the corporation:  PREMIER IRRIGATION AND LANDSCAPING SERVICES INC.  The new ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the observation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation ame must contain the word "chartered," "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS )  Enter new mailing address if applicable: (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent:  New Registered Office Address: (Florida street address)  Florida   |   |                      | lorida Dept. (        | State) (     | if it is a second |                   |
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| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)   | In office address MUST BE A STREET ADDRESS )  In new mailing address, if applicable: Ing address MAY BE A POST OFFICE BOX)  Ending the registered agent and/or registered office address in Florida, enter the name of the egistered agent and/or the new registered office address:  It is a street address in Florida and it is a street addre | Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent:  New Registered Office Address:  (Florida street address)  Florida   | obreviation "Corp.," "Inc.," or Co.," or the de | esignation "Corp,"   | " "Inc, " or "C       | o". A pro    | fessional corpo   | or the<br>oration |
| (Mailing address MAY BE A POST OFFICE BOX)  | ending the registered agent and/or registered office address in Florida, enter the name of the egistered agent and/or the new registered office address:    ame of New Registered Agent:   | (Mailing address MAY BE A POST OFFICE BOX)  . If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent:  New Registered Office Address:  (Florida street address)  Florida   |   |                      |                       |              |                   |                   |
| If a way dies the weight and a great and/on registered office address in Florida, and the name of the   | egistered agent and/or the new registered office address:  ame of New Registered Agent:  ew Registered Office Address: (Florida street address)  The provide the new registered office address (Florida street address)  The provide the new registered office address (Florida street address)  | Name of New Registered Agent:  New Registered Office Address:  (Florida street address)  Florida   |   |                      |                       |              |                   |                   |
|   | ew Registered Office Address: (Florida street address), Florida  | New Registered Office Address: (Florida street address) , Florida  |   |                      |                       | a, enter the | e name of the     |                   |
| Name of New Registered Agent:   | , Florida  | , Florida  | Name of New Registered Agent:                   |                      |                       |              |                   |                   |
| New Registered Office Address: (Florida street address)   | · · · · · · · · · · · · · · · · · · ·  |  | New Registered Office Address:                  | (Florida s           | treet address)        |              |                   |                   |
| , Florida   |  | (City) (Zip Code)  |   |                      |                       | , Flo        | orida             |                   |
| (Cian) (Tim Contain)  | (City) (Zip Code)  | (21)   |   | (City)               |                       | (Zip Cod     | e)                | _                 |

Page 1 of 3

Signature of New Registered Agent, if changing

## 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)

| <u>Title</u>                                 | <u>Name</u>   | <u>Address</u>  | Type of Action                              |
|--|---|---|---|
| <del> </del>                                 |   |   | Add Remove                                  |
|  |   |   |   |
|  |   |   |   |
|  | ading or adding additional Articles, endditional sheets, if necessary). (Be s   |   |   |
|  |   |   |   |
|  |   |   |   |
|  |   |   |   |
| provis                                       | mendment provides for an exchange ions for implementing the amendmenting the amendmenting the amendment applicable, indicate N/A) | , reclassification, or cancell<br>nt if not contained in the an | ation of issued shares,<br>nendment itself: |
|  |   |   |   |
| <u>.                                    </u> | •   |   |   |
|  |   |   |   |
|  |   |   |   |

| The date of each amendmen                         | t(s) adoption: 08  | 3/18/2010  |
|---|--------------------|--|
| Effective date <u>if applicable</u> :             | 09/15/2010         | (date of adoption is required)   |
| Effective date trappicable.                       | (no more than 9    | 0 days after amendment file date)  |
| Adoption of Amendment(s)                          | . (СН              | ECK ONE)   |
| The amendment(s) was/we by the shareholders was/w |                    | shareholders. The number of votes cast for the amendment(s) approval.  |
| • •   |                    | e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):                               |
| "The number of votes                              | cast for the amen- | dment(s) was/were sufficient for approval  |
| by  |                    | ·  |
| •   | (voting group)     |  |
| The amendment(s) was/we action was not required.  | ere adopted by the | board of directors without shareholder action and shareholder  |
| The amendment(s) was/we action was not required.  | ere adopted by the | incorporators without shareholder action and shareholder   |
| Dated_08/   | 18/2010            | <del></del>  |
| Signature _                                       |                    | Solar  |
| sel   |                    | lent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court by that fiduciary) |
|   |                    | Jose Solorzano   |
|   | (Ту                | ped or printed name of person signing)   |
|   |                    | President  |
|   | (Title o           | f person signing)  |