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SEP 13 CM

COVER LETTER

TO: Amendment Section Division of Corporations

.

NAME OF CORPOR	ATION: SONILAND LAN	DSCAPING SUPPLIES CO	DRP
DOCUMENT NUMB			
The enclosed Articles o	f Amendment and fee are su	ibmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
,	ANDRES VILA		
-		Name of Contact Person)
-		Firm/ Company	
1	19900 NW 37 AVE LOT D1	16	
_		Address	
2	MIAMI, FL 33056		
-	<u> </u>	City/ State and Zip Code	:
JAS4T	AXES@YAHOO.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas		
Mamu o	f Contact Person	at () de & Daytime Telephone Number
	the following amount made		•
S35 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)
Amer Divis P.O.	ing Address idment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

SONILAND LANDSCAPING SUPPLIES CORP

(Name of Corporation as currentl	y filed with the Florida Dipin of State P & 4
Pi8000044902	2012 001 01 1 1 1
(Document Number of	Corporation (if known) TALLAITASSEL I LUISUA
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
SUNILAND LANDSCAPERS SERVICES CORP	<i>Th.</i>
name must be distinguishable and contain the word "corporation" (Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "word "chartered," "professional association," or the abbreviation"	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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	
Name of New Registered Agent	
(Florida str	eet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	vith and accept the obligations of the position.
Signature of New R	egistered 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)

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.

Example:

X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti- Attach additional sheets, if necessary).	(Be specific)
	, - · r y · · y
<u>_</u>	
	<u> </u>
	<u>-</u>
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_	
I an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
THEORY IN THE STATE OF THE STAT	
(if not analizable indicate M/A)	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	endment is not contained in the amendment itself:
(if not applicable, indicate N/A)	endment is not contained in the amendment itself:
(if not applicable, indicate N/A)	endment is not contained in the amendment itself:
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
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(if not applicable, indicate N/A)	enument is not contained in the amendment itself:
(if not applicable, indicate N/A)	enument is not contained in the amendment itself:

	05/15/2018	
The date of each amendment(s) a date this document was signed.	doption:	, if other than th
05/	15/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date vepartment of State's records.	will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes eas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
05/15/201 Dated	8	
Signature	Andry 7 lila	
	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ated fiduciary by that fiduciary)	
	ANDRES F VILA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

. . . .