J 50442

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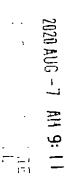
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Entropic Landscape, Inc
DOCUMENT NUMBER: J50442
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nondace Smith Name of Contact Person
Entropic Landscape, Inc
5425 NW 69th Dr
Gainesville, FL 32653 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nondace Smith a1 352, 494-1646
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Status Certificate of Status (Additional copy is enclosed) \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation

of	r por acton	
Entropic Lands	cape, Inc.	
(Name of Corporation as currently	filed with the Florida Dept. of State)	
J50442		
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fa</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
NIA	The new	
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"	
B. Enter new principal office address, if applicable:	NIA	
(Principal office address MUST BE A STREET ADDRESS)		
		ti jadi
C. Enter new mailing address, if applicable:	9	<i>•</i>]
(Mailing address MAY BE A POST OFFICE BOX)	N H	.,
	<u>五五</u>	
	. ب	**************************************
	:	
D. If amending the registered agent and/or registered office addressinew registered agent and/or the new registered office address:	ss in Florida, enter the name of the	
Name of New Registered Agent Mark En	trekin	
12515 Sh	1 11th Ave	
(Florida stree	·	
New Registered Office Address: New Deri		
	Tity) (Tity Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.	
Shaller Garteels	hi.	
Signature of New Reg	gistered Agent, if changing	
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c	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 E	Doc	
X Remove	<u>V</u>	Mike J	<u>Jones</u>	
X Add	<u>sv</u>	Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	_5_		Mark Entrekin	12515 SW 11th Ave
X Add				Newberry, FL
Remove				32669
2) Change				
Add				
Remove 3) Change		_	, P	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

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)	De, reclassification, or cancellation of issued shares,	(Attach <i>addit</i>	ional sheets, if necessary).	(Be specific)			
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The date of each amendment(s) ac	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file o	late)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirer partment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sha	archolder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the fficient for approval.	: amendment(s)
•	roved by the shareholders through voting groups. The followach voting group entitled to vote separately on the amena	<u> </u>
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated 8)	•	
Signature 72	ndace Smith	
(By a di	rector, president or other officer – if directors or officers have	
	, by an incorporator – if in the hands of a receiver, trustee, ed fiduciary by that fiduciary)	or other court
арропи	tu nouclary by that inducially)	
	Nondace Smith	
	(Typed or printed name of person signing)	
	(Title of person signing)	
	(Title of person signing)	