P02000007752

(Re	equestor's Name)			
(Ad	ldress)			
(Ac	idress)	•		
·	ŕ			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
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2018 NOV 17 PM 2: Ex

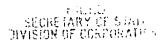
C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: Landmark Group, I	nc.	
DOCUMENT NUMBE	R: P02000007752		
	Amendment and fee are sub	omitted for filing.	
Please return all correspondent	ondence concerning this mat	ter to the following:	
N	leil S. Schecht		
_		Name of Contact Person	1
N	leil S. Schecht, P.A.		
_		Firm/ Company	
. 3	630 W. Kennedy Blvd.		
		Address	_
. Т	ampa, FL 33609		
_		City/ State and Zip Code	;
nss@sc	hechtlaw.com		
		ed for future annual report	notification)
	is man address (to be as	ou for future minimum reports	
For further information of	concerning this matter, pleas	e call:	
Neil S. Schecht		at (353-9500
Name of	Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made p	payable to the Florida Depa	rtment of State:
\$35 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)
Amen Divisi P.O. B	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of



2016 NOV 17 PM 12: 55

Landmark Group, Inc.	
(Name of Corpor	ation as currently filed with the Florida Dept. of State)
P02000007752	
(Doc	cument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	The new word "corporation," "company," or "incorporated" or the abbreviation orp," "Inc," or "Co". A professional corporation name must contain the the abbreviation "P.A."
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A.	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)
D. If amending the registered agent and/or regis new registered agent and/or the new registered	stered office address in Florida, enter the name of the ed office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	"Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	Registered Agent: t. I am familiar with and accept the obligations of the position.
	ignature 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)

Example:

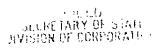
Please note the officer/director title by the first letter of the office title:

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 <math>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_Ch	ange	<u>PT</u> <u>J</u>	John Doe	
X Re	move	<u>v</u>	Mike Jones	
<u>X</u> A	dd	<u>sv</u> s	Sally Smith	
Type of (Check	of Action (One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)	_ Change	PD	Monty Group LLC	2343 N. Central Ave.
	Add			Suite 100
<u>x</u>	Remove			Kissimmee, FL 34741
2)	Change	PV\$TD	Hector R. Montoya	2343 N. Central Ave.
X	Add			Suite 100
	Remove			Kissimmee, FL 34741
3)_	Change			
	Add			·
	Remove			
4)	Change			
	Add			
	Remove			
5)	_ Change			
	Add			
	Remove			
6)	Change			
	Add			
	Remove			

Attach <i>additi</i>	or adding additional Arti onal sheets, if necessary).	(Be specific)				
				· · · · · · · · · · · · · · · · · · ·		
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-	***************************************					
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	•					
provisions f	ment provides for an exchor implementing the amer pplicable, indicate N/A)	ange, reclassific ndment if not co	ation, or cancell ntained in the a	ation of issued s mendment itself:	hares,	



date this document was signed.	Johnson:	·	018 NOV 17	PM 12: 5	
Tittanière dans it applicables	` >	2	VIO NOT I I	(1112.	, 0
Effective date <u>if applicable</u> :	(no more that	n 90 days after amen	dment file date)		-
Note: If the date inserted in this be document's effective date on the De			ng requirements	, this date v	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were add by the shareholders was/were su		The number of votes	cast for the amer	idment(s)	
☐ The amendment(s) was/were app must be separately provided for					
"The number of votes cast	for the amendment(s) was/v	were sufficient for ap	proval		
by	·		.,,,		
•	(voting group)				
The amendment(s) was/were add action was not required.	opted by the board of directe	ors without sharehold	ler action and sh	archolder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators w	vithout shareholder a	ction and shareh	older	
Dated //-	10-16.				
Signature	Lob- Ali	haf.			
selecte	irector, president or other 6 d, by an incorporator — if in ted fiduciary by that fiducia	the hands of a receiv			
	Hector R. Montoya				
	(Typed or printe	ed name of person si	gning)		
	President				
	(Tit	tle of person signing)			