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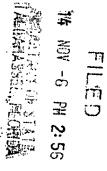
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PICK-UP	☐ WAIT	MAIL		
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R. WHITE

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: CLEAN COT LAWY LOWSCOPE, WO.					
DOCUMENT NUMBER: P0000 55375					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Name of Contact Person CEAN COT LAND & LANDEWE TWO. Firm/ Company 19344 Freshours Dense Address City/ State and Zip Code #1: greendreams FLE yellow. Com mercelleswelle yellow. Com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
HEUSSA KANKLIS at (727) 277-3005 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 \$\bigcup \\$43.75 Filing Fee \& \center \\$52.50 Filing Fee \\ \center \center \\$Certificate of Status \\ (Additional copy is enclosed) \\ (Additional Copy is enclosed) \\ \end{align*}					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

FILED						
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Trans.	A 1. 18		, ;)	14 5%		

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(LEAN COT LAND	+ LANDSCAPE, INC.	14 NOV -6 PH 2:56
(Name of Corporation	as currently filed with the Florida Dept. of State)	The state of the s
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	· N. 1 CO & CO1 A	

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607,1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

REENDREAMS GUSTANASLE	the corporation: SWITONS, In	1C.		= ONE WOR	_The ne
ne must be distinguishable and contain the orp.," "Inc.," or Co.," or the designation "(ad "chartered," "professional association," o	Corp, " "Inc," or "Co".	A professional			
Enter new principal office address, if application of the application of the address MUST BE A STREET					
Enter new mailing address, if applicable:					
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>E BOX</u>)				
(Mailing address MAY BE A POST OFFICE	gistered office address i	n Florida, enter	the name (of the	
(Mailing address MAY BE A POST OFFICE If amending the registered agent and/or reg	gistered office address i	n Florida, enter	the name (of the	
(Mailing address MAY BE A POST OFFICE If amending the registered agent and/or registered agent and/or the new registered.)	gistered office address i		the name (of the	

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)

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	\sim
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	171.
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attach add	g or adding additional Articles, enter change(s) here: itional sheets, if necessary). (Be specific)
	x1/A
·, ,	
	
	<u> </u>
provisions	dment provides for an exchange, reclassification, or cancellation of issued shares, for implementing the amendment if not contained in the amendment itself; applicable, indicate N/A)
	N/A

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	·····
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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	
Signature (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 of printed name of person signing)	
(Title of person signing)	