P02000103164

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,

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LANDSCAPE DE	SIGN PROFESSIONALS I	NC			
DOCUMENT NUM	P02000103161					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	lease return all correspondence concerning this matter to the following:					
	JUDY O'QUINN					
		Name of Contact Person				
		Firm/ Company				
	188 SW EVERGREEN COU	JRT				
	FORT WHITE FL 32038	Address				
		City/ State and Zip Code				
	NURSERY3RIVERS@AOL	·	,			
	E-mail address: (to be us	sed for future annual report i	notification)			
	on concerning this matter, plea					
JUDY O'QUINN		at (623-4008 e & Daytime Telephone Number			
Name	of Contact Person	Area Cod	e & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:			
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)			
Am Div	iling Address endment Section ision of Corporations Box 6327	Division	Address nent Section t of Corporations ntre of Tallahassee			
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

(N) 60		2021 FEB - L AM 10: 51
(<u>Name of Corpora</u> LANDSCAPE DESIGN PROFESSIONALS INC.	•	filed with the Florida Dept. of States SECRETARY OF STATE
	P02000103164	Corporation (if known)
		•
Pursuant to the provisions of section 607,1006, Flori ts Articles of Incorporation:	da Statutes, this Fla	orida Profit Corporation adopts the following amendn
A. If amending name, enter the new name of the	corporation:	
ALL YOU EVER WANTED INC.		The ne
name must be distinguishable and contain the word ' 'Inc.,'' or Co.,'' or the designation "Corp," "Ind 'chartered," "professional association," or the abb	c." or "Co". A p	npany," or "incorporated" or the abbreviation "Corp., or ofessional corporation name must contain the wor
B. Enter new principal office address, if applical		
Principal office address <u>MUST BE A STREET AI</u>	<u>JDRESS</u>)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	an v	
(Mauing dadress MAT BE A POST OFFICE B	<u>(OX</u>)	
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X 16 11 11 12 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15		
 If amending the registered agent and/or regist new registered agent and/or the new registere 		s in Florida, enter the name of the
Views CN in Deciment 1		
Name of New Registered Agent		
	(Florida street	address)
New Registered Office Address:		, Florida
	/Ci	ity) (Zip Code)
ew Registered Agent's Signature, if changing R	egistered Agent:	
hereby accept the appointment as registered agent.	. I am familiar witt	h and accept the obligations of the position.
C:.		
Sig	naure oj New Regi	istered Agent, if changing
heck if applicable		
The amendment(s) is/are being filed pursuant to s	i. 607.0120 (11) (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.

Example:

X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u> s
1) Change			
Add			
Remove			
2) Change			
Add	-		
Remove Change		_	
Add			
Remove			
· Change		_	
Add			
Remove			
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Add			
Remove			
Change			
Add			
Remove			

amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate NA)	Damendment provides for an exchange, reclassification, or cancellation of issued shares, wisions for implementing the amendment if not contained in the amendment itself:	tach additional sheets, if necessary)	(Be specific)
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		(if not applicable, indicate N/4)	numerical from Containing in the amendingent fixer;
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	28 JANUARY 2021	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	2001 (03/ 2021	
I ! Effective date <u>if applicable</u> :	FEBUARY 2021	
mappinearine.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareho	lder action and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the ame sufficient for approval.	ndment(s)
	pproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by INCORPORATORS	••	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
28 JAN 2	021	
Dated		
	71 11 00	
Signature	Wy Willaun	
(By _j a	director, president or other officer - if directors or officers have n	ot been
selec	red, by an incorporator - if in the hands of a receiver, trustee, or o	ther court
appo	inted fiduciary by that fiduciary)	
	JUDY W. O'QUINN	
	(Typed or printed name of person signing)	
-	PRESIDENT	-
	(Title of person signing)	