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## COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Superior Landscaping Inc DOCUMENT NUMBER: P03000111670
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Suffler Nesmith  Name of Contact Person  Superior Land Scaping, Inc.  Firm/ Company  1115 Regis Road.  Address  Sucksonville Fl. 32218.  City/ State and Zip Code  Security State and Zip Code  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sue Ellen Ne Smith at 904 1052-71047  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 Certificate of Status Certified Copy (Additional Copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

Tallahassee, FL 32301

2661 Executive Center Circle

## **Articles of Amendment**

to

Articles of Inco	orporation		
Superior Land (Name of Corporation as currently filed with the FI	scaping Inc.	<del></del> ,	
(Maine of Corporation as currently filed with the Fi	orida Dent. of State)		
(Document Number of Corporation (if	· · · · · · · · · · · · · · · · · · ·	-	
• • • • • • • • • • • • • • • • • • • •	,		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Torida Profit Corporation adopts the followin	g amer	ıdment(s) to
A. If amending name, enter the new name of the corporation:	· · · .		
N/A		_The	new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Cword "chartered," "professional association," or the abbreviation "F	Co". A professional corporation name must of	bbrevio	ation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N IT	-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	12 FEB -2 PM 1: 26	FILED SECRETARY OF STATE IVISION OF CORPORATIONS
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the		
new registered agent and/or the new registered office address:	0 · V · I		
Name of New Registered Agent _ 3050 1	. Blackwell		
1115 Regis	et address)		
New Registered Office Address: Sackson (City)	Florida 32218 (Zip Code)	ζ,	
New Registered Agent's Signature, if changing Registered Agent; I hereby accept the appointment as registered agent. I am familiar wi	Blush		
Signature of New Registered Ag	ent, 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	PT John	<u>Doe</u>	
X Remove	V Mike	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	<u>b</u>	Samantha Palmer	
2) X Change Add Remove	<u>b</u>	Jason D. Blackwell	1115 Regis Road. JacksonuHe, Fl. 32218
3) Change Add Remove	VISD	Sue Ellen Nessnith	1115 Regis Road. Jackson wille, FL 32218
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

amending or adding additional Artic ttach additional sheets, if necessary).	(Be specific)	ange(s) here	<u>N</u>	/A	
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nn amendment provides for an excharge in a menorial state and a menorial state and applicable, indicate N/A)	inge, reclassif	ication, or c contained in	the amendi	of issued shan nent itself:	res.
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The date of each amendment(s) adoption: 1/2/2012  Effective date if applicable: 1/2/2012
(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
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
Dated
(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)
Suellen NeSmith (Typed or printed name of person signing)
(Title of person signing)