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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: MAPEJO INC.				
DOCUMENT NUMBER	P03000132386		······································		
The enclosed Articles of A	mendment and fee are su	bmitted for filing.			
Please return all correspond	dence concerning this ma	tter to the following:			
PET	ER GROSFELD				
	Name of Contact Person				
МА	PEJO INC DBA TNT LA	AWN CARE			
<del>,_</del>		Firm/ Company	<del></del>		
175	17546 PRADO BLVD.				
•	······································	Address	.,,		
LO	KAHATCHEE, FLORID	A 33470			
		City/ State and Zip Code	e		
ntrarosfel	d@gmail.com				
prigression	= =	sed for future annual report	notification)		
			<b>,</b>		
For further information cor	cerning this matter, pleas	se call:			
PETER GROSFELD		at (	644-8683		
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

MAPEJO INC.				
(Name	of Corporation as curre	itly filed with the Florida De	pt. of State)	
P03000132386				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation	adopts the following amendment(	s) to
A. If amending name, enter the new na	ame of the corporation:			
			ant.	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corpo		
B. Enter new principal office address,	if annlicable:	NIA	<b>Q</b> .	
(Principal office address MUST BE A S				
				-11
			2 97 00	
C. Enter new mailing address, if appl	icable:	1		국더
(Mailing address MAY BE A POST		NA		ن م
		•	م	مشرور مشرین
			<u>V</u>	
D. If amending the registered agent ar			ime of the	
new registered agent and/or the ne		<u>:ss:</u>		
Name of New Registered Agent	PETER GROSFELD			
	17546 PRADO BLVD.	LOXAHATCHEE, FLA. 3347	70	
	(Florida	street address)		
V-u Pi-t-ui Off t-t-t	17546 PRADO BLVD,	Florida 33470		
New Registered Office Address:	(City)		_, Florida (Zip Code)	
New Registered Agent's Signature, if c				
I hereby accept the appointment as regis	gere <del>d age</del> nt. I am jamilia	r with and accept the obligation	ons of the position.	
	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	PT John	<u>1 Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	Name V.	<u>Addres</u> s
I) Change	PRESID	MARIA MOYA-GROSFELD	P.O. BOX 573
Add			LOXAHATCHEE, FLA
X Remove			33470
2) Change			
Add			
Remove			
3) Change			<del></del>
Add			
Remove			<u></u>
4) Change	· · · · · · · · · · · · · · · · · · ·		<del></del>
Add			<del> </del>
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change		<del></del>	
Add			
Remove			

E. If amending or (Attach addition)	adding additiona al sheets, if necess	Articles, enter	r change(s) here	<b>:</b> :		
	N i	A				
				<u></u>	***************************************	
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f an amendme provisions for	nt provides for an implementing the	n exchange, rec e amendment if	assification, or not contained i	cancellation of i n the amendmen	ssued shares, it itself:	
(if not app	licable, indicate N	V/A)		•		
	1/A				<u> </u>	
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The date of each amendment(s) adop	tion:	, if other than the
date this document was signed.		
7/15/15 Effective date <u>if applicable</u> : '		
Effective date if applicable.	(no more than 90 days after amendment	file date)
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirement of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte by the shareholders was/were suffic	d by the shareholders. The number of votes cast for ient for approval.	or the amendment(s)
	yed by the shareholders through voting groups. The ch voting group entitled to vote separately on the a	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
MARIA MOYA-GROSFI	ELD	31
by	(voting group)	•
☐ The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder act	ion and shareholder
The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action a	and shareholder
5/15/15		
Dated	$\overline{}$	$\bigcirc$
Signature	moraga Love	sell .
(By a direc	tor, president or other officer - if directors or offic	ers have not been
	y an incorporator — if in the hands of a receiver, tru fiduciary by that fiduciary)	istee, or other court
<u>4</u>	MARIA MO 4A — (Typed or printed name of person signing)	Grosfew
	(Typed of printed name of person signing)	/
	16	

(Title of person signing)