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PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nam	e)
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Certified Copies	Certificates	of Status
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2009 APR 23 PM 1:31 SECRÉTARY OF STATE TALLAHASSEE, FLORID

Amend TB 4-27-09

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Craig'S	Perfect Turf Lan	baping Ive		
7	053010			
The enclosed Articles of Amendment and fee are	submitted for filing.			
Please return all correspondence concerning this r	natter to the following:			
Jennifer C (Name of	Contact Person)			
Craig's Perfect Tu	of Landscaping J	tuc.		
5193 Baynes Rd.	Nath Part, FL 34	288		
North Port, FL (City/State	34388 e and Zip Code)			
For further information concerning this matter, ple	ease call:			
Jennifer Gabbard (Name of Contact Person)	at (941) 380 - L (Area Code & Daytime Tel	+062 ephone Number)		
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 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	•		

SECRETARY OF STATE OF **Articles of Amendment** to **Articles of Incorporation** as currently filed with the Florida (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 its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name	"Inc.," or Co.," or the designation	n "Corp," "Inc," or
association," or the abbreviation "P.A."		
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)	
D. If amending the registered agent and/or renew registered agent and/or the new registered.		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
_		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered of position.	Registered Agent: agent. I am familiar with and ac	cept the obligations of the
Sig	mature of New Registered Agent, if o	changing

If smending 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)

Address 5193 Baynes Rd. North Port FL 34288	Add Remove
	Add Remove
	Add Remove
sification, or cancellation of iss	sued shares
contained in the amendment	itself:
_	

The date of each amendment(s) adoption: 4/20/09	
Effective date if applicable: 4/20/09 (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 ame by the shareholders was/were sufficient for approval.	ndment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shaction was not required.	areholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareh action was not required.	older
Dated	
Signature (By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
Craig Gabbard	
(Typed or printed name of person signing)	
<u>Vresident</u>	
(Title of person signing)	