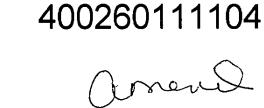
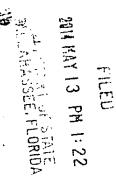
## P04000053010

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## **COVER LETTER**

441

TO-Amendment Section
Division of Corporations

NAME OF CORPORATION: CTalgo Perfect Thub Landscaping Inc
DOCUMENT NUMBER: P0400053010
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Craig A. Gabbard  Name of Contact Person  Craigs perbect turb Landscaping, Inc  Firm/Company
5193 Baynes Rd
North Port Florida 34288  City/ State and Zip Code
Craigs Perfect tuy D Vevizon • Net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Craio A. Gabbard at (941) 258 - 2882  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  Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  S52.50 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 Tallahassee, Fl. 32314  2661 Executive Center Circle

Tailahassee, FL 32301

## Articles of Amendment Articles of Incorporation (Document Number of Corporation (if known) 0 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: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent . Nown Port Fl. 342XX

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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 <math>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 Do	<u>oe</u>			
X Remove	<u>V</u> <u>Mike Jones</u>				
_X Add	SV Sally St	nith			
Type of Action (Check One)  1) Change Add Remove	Tille VICE president	Name Jennifer Gabbard	Address 5193 BAYNES RC MORTH PORT FL 34288		
2) Change Add Remove					
Change Add Remove					
4) Change Add Remove	<del></del>				
5) Change Add Remove					
6) Change Add Remove					

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
<u> </u>	
	7Mm332.21
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
NA	
······································	

The date of each amendment(s) adoption: 5/8/2014 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 5/8/2014	
Signature Cary A. Salfard	<del></del>
(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)	
Craig A. Gabhard (Typed of printed name of person signing)	
(Typed of printed name of person signing)	
President	<del></del>
(Title of person signing)	