P04000076165

(Re	equestor's Name)				
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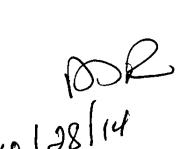
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none Charge



COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: SIMPSON LANDSCOPING L
DOCUMENT NUMBER: <u>40400076165</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shakon Simpson Name of Contact Person
Simpson LANDS oping Inc.
339 E. University AUR
ORange City F1 32763 City/State and Zip Code
340 JSimpso a and 210 com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sharen Simpson at (Y07) 625-845 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 (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

	Articles of Amendment	. *		
	to Articles of Incorporation	FJL	ED.	
Simpson Land	scaping.	TO SALL OCT !	6. WH 10: 1 6	
(Name of Corporation as currently	filed with the Florida Dep	of State)	PYLITELORIDA	4
PO40000 7611	65	TALLAHAS	PY UT STATE SSEE, FLORIDA	y (j.
(Document Number o	f Corporation (if known)	ØA.		
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this <i>Florida Pro</i>	fit Corporation adopts	s the following an	nendment(s) to
A. If amending name, enter the new name of the c	corporation:	1.	-	
Simpson Proper	2+4 501	tims	LNC.The	e new
name must be distinguishable and contain the wa "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	p, " "Inc, " or "Co". A pro			viation
B. Enter new principal office address, if applicable	lo.	NIA		
(Principal office address MUST BE A STREET AD				
	, <u></u>			
C. Enter new mailing address, if applicable:		11/A		
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u> </u>	DAI		
			Cal	
D. If amending the registered agent and/or registered agent and/or the new registered		ida, enter the name o	<u>i tne</u>	
Name of New Registered Agent	$\overline{}$ NII	1 -		
Nume of New Registered Agent				
	(Florida street address)			
March Product of Control of Control	,	mada		
New Registered Office Address:	(City)	, Florida	(Zip Code)	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		cept the obligations of	the position.	
· · · · · · · · · · · · · · · · · · ·	UIA	- **	•	
Signature of 1	New Registered Agent, if che	unging		

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	Y	Mike Jones						
_X Add	<u>sv</u>	Sally Smith						
Type of Action (Check One)	<u>Title</u>	<u>Na</u>	<u>une</u>		<u>Add</u>	<u>res</u> s		
1) Change							·····	
Add Remove					$\setminus -$		\	
2) Change					\		$\overline{}$	
Add Remove					7			
3) Change			+		+			
Add Remove			\ \			<u> </u>	_	$ \downarrow $
4) Change			$\overline{}$			$\overline{}$		<u> </u>
Add Remove			\	1		\		
5) Change								
Add Remove								
6) Change								
Add								
Remove								

If amending or adding additional Artic Attach additional sheets, if necessary).	cies, enter change(s) here: (Be specific)
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date)	_, if other than the
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 action was not required. Dated Dated	·
Signature BOUCH SUMPON -VIG PR	resident
(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)	
(Typed or printed name of person signing)	_
(Typed of printed frame of person signing). (Title of person signing)	_