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S. YOUNG

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TION: D.H. LANGERPING & HANDYMAN SOR	vices, Inc
DOCUMENT NUMBER	R: 105000004502	
The enclosed Articles of A	Amendment and fee are submitted for filing	
Please return all correspon	ondence concerning this matter to the following:	
	DANIEL ROOKIEUG2  Name of Contact Person	<del></del>
	Firm/ Company	<del></del>
	4840 PROVIS CH	
<del></del>	City/ State and Zip Code	<del></del>
	E-mail address: (to be used for future annual report notification)	_
For further information co	oncerning this matter, please call:	
Draiel	Ropeilage 2 at (772 ) 6265503  Contact Person Area Code & Daytime Telephone N	Jumbar
	ne following amount made payable to the Florida Department of State:	iditoci
\$35 Filing Fee	Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)	
	g Address ment Section	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment

to

## Articles of Incorporation

of

D.H. LANDSCAPING E	HANGMAN SORVICES INC	
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P05000	2004502	
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	Florida Profit Corporation adopts the following amendme	nt(s)
A. If amending name, enter the new name of the corporation:		
D. H. LANDSCAPING SERVICES, name must be distinguishable and contain the word "corporation,"	INC. The new	,
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or $Co.$ ," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	Co". A professional corporation name must contain the	ı
B. Enter new principal office address, if applicable:	4840 PAULLE Ct.	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	WPB FL 33415	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4840 PRULIE CT WPB FL 33415	
	WPB FL 33415	
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	(A) - CO	7
Name of New Registered Agent	71.5 See 5	7 7
	<u> </u>	
(Florida stree	et address)	
New Registered Office Address:	, Florida	
l C	City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	ith and accept the obligations of the position.	
Signature of New Res	egistered 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.

X Change	<u><b>PT</b></u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	P	Daniel Ropallurz	4840 PAULIE CT
Add			wes, Ft 33415
Remove			
2) Change		Hoemo Roomiaurz	16087 E. Goldcup De Lotahatchee FL 33470
Add			Lotaliatchee H 33470
Remove			<del></del>
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

***	(Be specific)
	The state of the s
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
rovisions for implementing the amer	
rovisions for implementing the amer	
rovisions for implementing the amer	
provisions for implementing the amer	
provisions for implementing the amer	
provisions for implementing the amer	

date this document was signed.	aopsion:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement 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)	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	06-04-2017	
Signature	Ob-04-2017 Quellay Myc),	
(By a d	lirector, president or other officer - if directors or officers have not been	
	d, by an incorporator — if in the hands of a receiver, trustee, or other court	
арронп	ted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President.	
	(Title of person signing)	