## P05000004502

(Re	questor's Name)	
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	

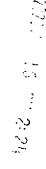
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION: D.H. Landscap	ing Services, INC.		
DOCUMENT NUMBER: YOS OUUCO 9502	<del>-</del>		
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following	2:		
Daniel E. Room	16022		
Name of Contac	et Person		
Firm/ Comp	-		
4840 PAUGE CT Address WEST PAUM BEACH City/ State and 2	•		
Address	;		
WEST PALM BEACH,	FL 33415		
City/ State and 2	Zip Code		
DESCRIPTION OF THE PROPERTY OF			
E-mail address: (to be used for future annual report notification)			
(DHMquality inc a)	gmail-com)		
For further information concerning this matter, please call:	,		
DANIEL E. KODRIGUEZ an (7)			
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 \$\begin{align*} \$\begin{align*} \$43.75 Filing Fee & & \$\begin{align*} \$\$43.75 Filing Fee & Certified Copy (Additional copenclosed) \end{align*}	Certificate of Status		
Mailing Address	Street Address		
Amendment Section Division of Corporations	Amendment Section		
Division of Corporations  P.O. Box 6327  Division of Corporations  The Centre of Tallahassee			
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## **Articles of Amendment** to Articles of Incorporation

Articles of the	
D.H. Lundscaping Services	
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P0500004502	
(Document Number of	of Corporation (if known)
rsuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(
If amending name, enter the new name of the corporation:	
DHMQUALITY SERVICES INC.	The new
ume must be distinguishable and contain the word "corporation," " Inc.," or Co.," or the designation "Corp," "Inc," or "Co" chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word
Enter new principal office address, if applicable:	4840 PAULIE CT
rincipal office address <u>MUST BE A STREET ADDRESS</u> )	WIB 94 33415
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4840 PAULIE CT WPB, FL 33415
If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office address	<u>s:</u>
Name of New Registered Agent  Name of New Registered Agent	<u></u>
Name of New Registered Agent	reet address)
Name of New Registered Agent	

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

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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	PT	Demicl E. Popisionez	4840 PAULIE CT
Add			wpg FL 33415
Remove	,		
2) Change		HERMO E. RODRIDIEZ	16087 E. Goldcup De
X_ Add			Loxalatcher FL 33470
Remove 3) Change		<del>-</del>	
Add			
Remove			
4) Change	<del></del>		
Add			<del> </del>
Remove			
5) Change		<del></del>	
Add			
Remove			
6) Change	<u></u>		<del></del>
Add			
Remove			

tach <i>additional sheets, if nece</i>	ssary). (Be specific	ange(s) <u>here</u> :		
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n amendment provides for	an exchange, reclass	ification, or cancel	lation of issued shar	es,
ovisions for implementing	the amendment if no	contained in the a	mendment itself:	
(if not applicable, indicate	N/A)			
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The date of each amendment(s) adop date this document was signed.	tion:	, if other than
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file a	ate)
Note: If the date inserted in this block document's effective date on the Depart	k does not meet the applicable statutory filing requirer tment of State's records.	nents, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators, or board of directors without sha	reholder action and shareholder
The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The number of votes cast for the cient for approval.	amendment(s)
	red by the shareholders through voting groups. The follows the voting group entitled to vote separately on the amend	
"The number of votes east for	the amendment(s) was/were sufficient for approval	
bv		
	(voting group)	
DatedSignature	7/13/20 lus (Cay R(yy),	
	tor, president or other officer – if directors or officers have an incorporator – if in the hands of a receiver, trustee,	
	fiduciary by that fiduciary)	or only ocult
	DANIEL Energy KODREUGE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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