P0500071637

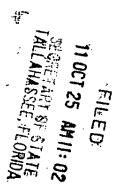
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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Tom's Tropical Landscaping Inc.
DOCUMENT NUMBER: <u>P0500071637</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mangle Tom Mosley Je. Name of Contact Person
Firm/ Company
2860 NW 10th Cowt
F4. Lauderdale F19. 33311-5608 City/ State and Zip/Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Manyle Tom Mosley Te at (954) 815-7543 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 Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

	of
(Name of Corporation as currently filed wi	th the Florida Dept of State)
PØ5Ø00 07163 (Document Number of Corpo	ration (if known)
Pursuant to the provisions of section 607.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:
name must be distinguishable and contain the word "co	The new orporation." "company." or "incorporated" or the
abbreviation "Corp.," "Inc.," or Co.," or the designation name must contain the word "chartered," "professional asso	"Corp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) .	THE CARE AND STATE OF AN AND SEE, ALOF
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a	
Name of New Registered Agent:	·
New Registered Office Address: (Fl	orida street address)
(Cia	, Florida ty) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	
Signature of N	ow Pagistared Agent if abanging

If amending the Officers and/or Directors, enter the title and name of each officer/director being remoyed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	Name	Address	Type of Action
<u>Scc</u>	Elaine Baynard	LOI NW 33rd free Followderdale 4G. 33311	Add Remove
	£		
	ing or adding additional Articles, entiditional sheets, if necessary). (Be spe		
<u>provisio</u>	nendment provides for an exchange, response to the second ment of applicable, indicate N/A)	eclassification, or cancellation of for the second of the	f issued shares, nt itself:

The date of each amendment(s)	adoption: 10/19/11				
Effective data if applicables	(date of adoption is required)				
Effective date if applicable: (no more than 90 days after amendment file date)					
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.				
	approved by the shareholders through voting groups. The following statemer for each voting group entitled to vote separately on the amendment(s):				
"The number of votes cas	st for the amendment(s) was/were sufficient for approval				
by	oting group)				
(V	oung group)				
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder				
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder				
Dated 10	19/2011				
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)				
-	(Typed or printed name of person signing)				
-	(Title of person signing)				