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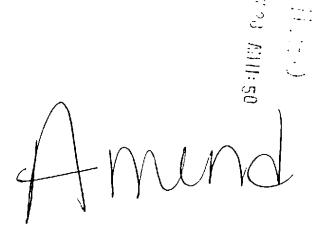
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COYER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HOY'I ZON Land'S caping OF Jackson ville, Inc.
DOCUMENT NUMBER: P05000100288
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Brian BOX Name of Contact Person
Horizon Land Scaping of Jackson ville inc
POBOX 6268 Address
Jackson VIL FL 32236 City/State and Zip Code
horizon lands caping 10 gmail. Lom E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brian Box Name of Contact Person at 1 904
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 19 APR 22 PM 3: U1

RECEIVED

Articles of Amendment

to Articles of Uncorporation

of A
Horizon Land saping of Jacksonvill, INC
(Name of Corporation as currently filed with the Florida Dept. of State)
PØ5000100288
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) 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) # 14 Tacksony IV, Fl. 32254
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 6721 STUART AVE # 14 (Florida street address)
New Registered Office Address: TACKSON VILL Florida 32254 (City) (Zip Code)
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.
20
Signature of New Registered Agent, if changing

P = President: V = Vic Executive Officer; CFC held. President, Treasu Changes should be note a change, Mike Jones I Mike Jones, V as Remo	ts, if necessary) director title by e President: T= O = Chief Finan rer, Director wa ed in the followi eaves the corpo	the first letter of the office to Treasurer; S= Secretary; wial Officer. If an officer/ ould be PTD, ing manner. Currently John ration, Sally Smith is name	D= Director; TR= Ti director holds more to a Doe is listed as the I	custee; C = Chairman or Clerk; CEO = Chief han one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doc, PT as a Change,
Example: X Change	<u>PT</u> <u>Joh</u>	m Dog		
X Remove	<u>V</u> <u>Mil</u>	ke Jones		
X Add	<u>SV</u> <u>Sal</u>	ly Smith		
Type of Action (Check One)	Title	Name		<u>Addres</u> s
1) K Change	P_	Brian	BOX	6721 StuartAne
Add				# 14 Jacksonin Ne, Fl. 32254
2) <u>L</u> Change	<u>VP</u> _	JEFFVEY	Kimpul	6721 Stuart Ave.
Add Remove				Jackson Wile, Fl. 3225
3) Change				
Add Remove				
4) Change				
Add				
Remove				
51 Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

	icles, enter change (Be specific)	1		
				
				
				
				
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f an amendment provides for an exch	ange, reclassifica	tion, or cancellation or	i issued shares,	
provisions for implementing the amer	ange, reclassifica ndment if not con	tion, or cancellation o tained in the amendm	ent itself:	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassifica ndment if not con	tion, or cancellation o tained in the amendm	ent itself:	
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5.23.19	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wildocument's effective date on the Department of State's records.	Il not be listed as 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	
(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.	
Signature (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)	
president/owner	
(Title of person signing)	