P05000139129

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COVER LETTER

Division of Corporations NAME OF CORPORATION: Latitude 26 Lawn : Garden Care, Inc. DOCUMENT NUMBER: <u>P05000139129</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jason Armstead Latitude 26 Lawn : Garden
Firm/Company Naples, FZ 34106 City/ State and Zip Code Tude 26 fawn @ amail.com
I address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$43.75 Filing Fee & & 43.75 Filing Fee \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

TO: Amendment Section

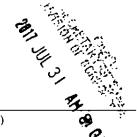
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

Articles of Amendment Articles of Incorporation



Latitude 26 Lawn! Garden Care, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)

P05000139129

(Document Number of Corporation (if known)

ent(s) to

(**************************************	(······ ···,
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendm
A. If amending name, enter the new name of the corporation:	
latitude No Lawa's Graden Ina	TI
Latitude 26 Lawn 's Garden, Inc. name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co" or the designation "Corp.," "Inc," or "Coword" chartered," "professional association," or the abbreviation "P.	". A professional corporation name must contain th
D. Unter near maintained office address if applicable.	NA
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/M
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BQX)	N/A
D. If amending the registered agent and/or registered office address: Name of New Registered Agent NAME OF New Registered Agent	
(Florida street	address)
New Registered Office Address: N/A	iv) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
Signature of New Poor	ictored Agant if obanging

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: <u>X</u> Change	<u>PT</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>	<u>Name</u>	<u>Addres</u> s
l) Change		~/A	
Add			
Remove			
2) Change	 	N/A	
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
3) Change		N/A	
Add		•	
Remove			
4) Change		N/A	
Add		,	
Remove			
5) Change		N/A	
Add		•	
Remove			
6) Change		N/A	
Add		1	
Remove			

Attach additional shee	is, if necessary).	es, enter change(s) he (Be specific)	•		
			•		
<u>.</u>					
					
		<u>~~/A</u>			
					
		 	·		
f an amendment pro	vides for an evehan	ige, reclassification, (ur cancellation of	icened chares	
provisions for imple	menting the amend	ment if not contained	l in the amendme	nt itself:	
(if not applicable	, indicate N/A)				
		· · · · · · · · · · · · · · · · · · ·	·		
				~ <u>.</u>	
		N/A		- 	
		/			
,			<u> </u>		
	-	<u>.</u>			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date <u>if applicable</u> : (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 will document's effective date on the Department of State's records.	rill 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.	
Dated	
Signature	
selected, by an incorporator — if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Jason Armskad (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President (Title of person signing)	
(Title of person signing)	