P06000099978

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	= #)
_	WAIT	_
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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C. LEWIS MAY 192014 EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

k					
NAME OF CORPORATION	_{v:} Sunny Gre	ens Landscap	ers, Corp.		
DOCUMENT NUMBER: _F					
The enclosed Articles of Amer					
<u>-</u>		J			
Please return all corresponden	ce concerning this mat	ter to the following:			
Jay Benavides					
_		Name of Contact Persor	1		
Sun	Sunny Greens Landscapers, Corp.				
	Firm/ Company				
224	6 NW 159th	Lane			
		Address			
Pen	nbroke Pines	s, Fl 33028			
		City/ State and Zip Code	•		
office@	sunnygreer	is.net			
		ed for future annual report	notification)		
For further information concer	ming this matter, pleas	e call:			
Jay Benavides		_{at (} 786	242-3341		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for the fol	lowing amount made p	payable to the Florida Depa	ertment of State:		
-	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		Street Address			
Amendment Section		Amendment Section			
P.O. Box 63	Corporations 327	Division of Corporations Clifton Building			
Tallahassee,		2661 Executive Center Circle			
· ····································		Tallahassee, FL 32301			



Articles of Amendment to Articles of Incorporation of

14 MAY -8 PM 1: 35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Sunny Greens Landscapers, Corp.

(Name of Corporation as currently fill P06000099978	led with the Florida Dept. of State)
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the con	rporation:
N/A	. The new
B. Enter new principal office address, if applicable:	13850 SW 194th Ave
(Principal office address <u>MUST BE A STREET ADD</u>	Miami, Fl 33196
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	N/A
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent N/A	onice address:
	(Florida street address)
No. Project 100 and 111 N/A	
New Registered Office Address: N/A	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Regil I hereby accept the appointment as registered agent.	stered Agent: I am familiar with and accept the obligations of the position.

Signature of New Registered 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>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u> </u>	N/A	
Add			
Remove			
2) Change		N/A	
Add			
Remove			
3) Change		<u>N/A</u>	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

/ &	nal sheets, if no	ecessary).	(Be specific)				
/A							
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						-	
If an amendm	ent provides i	for an exch:	ange, reclassifi	cation, or car	cellation o	f issued sh	ares.
	r implementir	ng the amen	dment if not c	ontained in tl	e amendm	ent itself:	
provisions fo	plicable, indic	ate N/A)					
provisions fo							
provisions fo (if not ap							
provisions fo (if not ap	<u></u>						
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The date of each amendment(s) adoption: 5/ date this document was signed.	1/2014 14 MAY -8 PM 1: 35 , if other than th
Effective date if applicable: 5/1/2014	SECRETARY OF START TALLAHASSEELFLORIDA
	(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CH	ECK ONE)
The amendment(s) was/were adopted by the sby the shareholders was/were sufficient for a	hareholders. The number of votes cast for the amendment(s) oproval.
	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the amen	dment(s) was/were sufficient for approval
by	.,,
(voti	ng group)
The amendment(s) was/were adopted by the laction was not required.	poard of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the i action was not required.	ncorporators without shareholder action and shareholder
Dated 5/5/2014	
Signature Mayh	1 Sancles
	dent or other officer – if directors or officers have not been roorator – if in the hands of a receiver, trustee, or other court by that fiduciary)
Maykol S	anchez
	(Typed or printed name of person signing)
Presiden	t
	(Title of person signing)