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C. CARROTHERS

COVER LETTER

Division of Corporations NAME OF CORPORATION: PENINSULA LANDSCAPING SERVICES, INC. DOCUMENT NUMBER: P06000 116962 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following. SASON CHALKLEY
Name of Contact Person Peninsula Land Scaping Services, Inc. Firm/ Company 10407 STIRRUP WAY
Address TAMPH FL 33L26
City/ State and Zip Code Deninsulalandscaping inc @ gmail. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JASON CHALKLEY at (727) 743-0499

Area Code & Davtime Telephone Number 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 is enclosed)

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

Articles of Amendment to Articles of Incorporation

PENINSULA LANDSCAPING SERVICES, INC

(Name of Corporation a	s currently filed w	ith the Florida Dep	t. of State)			
Poloo	001169	9/2				
· · · · · · · · · · · · · · · · · · ·	Number of Corpora					
Pursuant to the provisions of section 607.1006, Florida Sta its Articles of Incorporation:	tutes, this <i>Florida i</i>	Profit Corporation a	dopts the follo	wing ame	ndment	.(s) t
A. If amending name, enter the new name of the corpor	ration:					
				The	new	
name must be distinguishable and contain the word "c" "Corp" "Inc.," or Co.," or the designation "Corp," word "chartered." "professional association." or the abbra	Inc." or "Co". A	npany," or "incorp professional corpor	orated" or the ation name m	e abbrevi ust contai	ation n the	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u>)					
				****	_2	
					<u> </u>	
C. Entan now mailing address: formiliable.					APR	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				37-5×	26	1.
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				<u> </u>	_ Ω	
D. If amending the registered agent and/or registered of	office address in Fl	larida antar the nar	ma of the	<u>ក្</u> មា	Ċi	
new registered agent and/or the new registered office		ioriua, enter ine nai	ine of the			
Mayra of New Projectored Trans						
Name of New Registered Agent						
	([]					
	(Florida street addres	ss)				
New Registered Office Address:	(1)		_, Florida	7. (1.1.1		
	(City)		(4	Zip Code)		
New Registered Agent's Signature, if changing Register	ed Agent					
I hereby accept the appointment as registered agent. I am		accept the obligation	s of the position	on.		
			•			

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.

Example: X Change		in Doe	
_			
X Remove	<u>V</u> <u>Mik</u>	<u>ke Jones</u>	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		JILL CHALKLEY	10407 STIRRUP WAY TAMPA, FL 33626
Add Remove			<u>TAMPA, FL 33626</u>
2) Change			
Add			
Remove			
3) Change			
A dd			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(у погаррисавие, таксте м/м)	
	ν ν
	\mathcal{N}/\mathcal{A}
	N/A
	NIA
	N / M
	D /A
	N / M
	D / P
	D / P
	D / A
	D / A

the date of each amendment(s) ado date this document was signed.	ption:	, if other than the
Effective date if applicable:	8/1/2015	H-20-10 than 90 days after amendment file date)
	(no more i	than 90 days after amendment file date)
Note: If the date inserted in this blo- document's effective date on the Depa		applicable statutory filing requirements, this date will not be listed as thords.
Adoption of Amendment(s)	(CHECK ONE))
The amendment(s) was/were adopt by the shareholders was/were suffi		s. The number of votes cast for the amendment(s)
		ers through voting groups. The following statement led to vote separately on the amendment(s):
"The number of votes cast fo	r the amendment(s) wa	as/were sufficient for approval
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of dire	rectors without shareholder action and shareholder
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporator	rs without shareholder action and shareholder
Dated 4/2	2/16	
Signature	Elfully	
(By a dire	ctor, president or other	er officer – if directors or officers have not been
	by an incorporator – it I fiduciary by that fidu	f in the hands of a receiver, trustee, or other court uciary)
_	JASON	CHALICLEY rinted name of person signing)
	(Typed or pr	rinted name of person signing)
	DIA	RECTOR
		(Title of person signing)