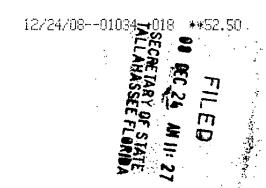
## P67000056765

| , (Re                   | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ac                     | ddress).           |             |
| (Ac                     | ddress)            |             |
| . (Ci                   | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | WAIT               | MAIL        |
| (Bu                     | usiness Entity Nar | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        |                    | s of Status |
| <u> </u>                | :<br>              |             |
| Special Instructions to | Filing Officer:    |             |
| ,                       |                    |             |
|                         |                    |             |
|                         |                    |             |

Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION: PARadisa NOW! A LANdscape Design Co.  |  |  |  |  |
|--|--|--|--|--|
| DOCUMENT NUMBER: P070056705  |  |  |  |  |
| The enclosed Articles of Amendment and fee are submitted for filing.   |  |  |  |  |
| Please return all correspondence concerning this matter to the following:  |  |  |  |  |
| RICANDO C. FORGES (Name of Contact Person)   |  |  |  |  |
| PAVACLISE NOW LANDSCAPE DESIGN CO. (Firm/Company)  |  |  |  |  |
| 1651 CANOPI OAKS DA. (Address)   |  |  |  |  |
| Olan Ge PAIK, FL 3J065<br>(City/State and Zip Code)  |  |  |  |  |
| For further information concerning this matter, please call:   |  |  |  |  |
| (Name of Contact Person) at (904) 45/0664  (Area Code & Daytime Telephone Number)  |  |  |  |  |
| Enclosed is a check for the following amount made payable to the Florida Department of State:  |  |  |  |  |
| \$35 Filing Fee \$\ \text{Certificate of Status} \tag{S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)} \text{\$52.50 Filing Fee & Certified Copy (Additional Copy is enclosed)} \text{\$ Certified Copy is enclosed)} \$ Certified Copy i |  |  |  |  |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building   |  |  |  |  |

2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment** to

| of  |                                       |                                  | 三年 5                     |
|---|---------------------------------------|----------------------------------|--------------------------|
| paradise NOW! A LAN   | Sylscape D                            | EC150 C O                        | 经费用                      |
| (Name of Corporation as curre   |                                       |                                  |                          |
|   |                                       |                                  | MO E                     |
| (Document Num   | ber of Corporation                    | on (if known)                    | S. I.                    |
| Pursuant to the provisions of section 607.100 following amendment(s) to its Articles of Incorp  |                                       | es, this <i>Florida Profit</i> ( | Corporation anopis the   |
| A. If amending name, enter the new name of  | the corporation                       | <u>:</u>                         |                          |
| N/A   |                                       |                                  |                          |
| The new name must be distinguishable a "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A." | "Inc.," or Co.,                       | " or the designation "(          | Corp," "Inc," or         |
| B. Enter new principal office address, if app   | licable:                              | N/A                              |                          |
| (Principal office address <u>MUST BE A STREE</u>  |                                       |                                  |                          |
|   |                                       |                                  |                          |
|   |                                       |                                  |                          |
| C. Enter new mailing address, if applicable:  |                                       | N /A                             |                          |
| (Mailing address <u>MAY BE A POST OFFI</u>  | <u>CE BUX</u> )                       | 70 7                             |                          |
|   | •                                     |                                  | <del>7' 7 - 1''</del>    |
|   |                                       |                                  |                          |
| D. If amending the registered agent and/or r  | egistered office a                    | address in Florida, ente         | er the name of the       |
| new registered agent and/or the new regis   | stered office add                     | ress:                            |                          |
| Name of New Registered Agent:   | الم                                   | /A                               | _                        |
|   | •                                     | n) la                            |                          |
| New Registered Office Address:  | (Floria                               | la street address)               | -                        |
|   | · · ·                                 | V/A                              | Florida                  |
|   |                                       | (City)                           | , Florida<br>(Zip Code)  |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered position.   |                                       |                                  | t the obligations of the |
| position.   | N/N                                   |                                  |                          |
| <u></u>   | · · · · · · · · · · · · · · · · · · · | Registered Agent, if char        | nging                    |
| _   |                                       | G G, 7 2////                     | G Q                      |

. 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) Address Type of Action MINORITY OWNER LARRY J. BATTLEN 2688 COACHMAN LAKES AND Add Removed

MINORITY OWNER 25% Play FOR (RS 7746 RUShmore C) BADD

TAGE TIME TO ADD T Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

| The date of each amendment(s) adoption: 12/16/08  |
|---|
| Effective date if applicable: 12/16/2008  |
| (no more than 90 days after amendment file date)  |
| 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)   |
| (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 12/16/08  |
| 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) |
| RICARD CAFORGES  (Typed or printed name of person signing)  |
| (Title of person signing)   |