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TALLAHASSEE FLORIDI

Amend CC Name Chs (12/14/10

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Deloceano 21 Corp.
DOCUMENT NUMBER: <u>P0700063167</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Roberto Manque Z Name offontact Person
Penfect Cut Lawn Cane Solutions
1402 Payal Palu Beach Blud., Suite 102
Royal Palu Beach FL 33411 City/ State and Zip Code
Perfect cut 21 Q y 2h 20. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Roberto Wanguez at (561) 667-2202 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$\bigsize \text{\$\substack}\$\$ \$\text{\$\substack}\$\$
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation

of with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to 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) 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: New Registered Office Address: , Florida 🔽 (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.

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)

<u>Title</u>	Name	<u>Address</u>	Type of Action
	Ulg		☐ Add ☐ Remove
			Add Remove
			Add Remove
	Perfect Cud	(Be specific)	ations Inc. Iscaping Landscaping
provis		change, reclassification, or cancellati endment if not contained in the amer	
		9	
			1.

The date of each amendment(s) a	
Effective date <u>if applicable</u> :	(date of adoption is required)
	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.
	proved by the shareholders through voting groups. The following statemen 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	17
(voti	ing group)
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were addaction was not required.	opted by the incorporators without shareholder action and shareholder
Dated 12	7/2010
(By a dir selected,	ector president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
_0	Roberto Warquez (Typed or printed name of person signing)
	Paesident (Title of person signing)