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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ALL SMOOTILE.	AWN MAINTENANCE &	LANDSCAPING, INC.	
DOCUMENT NUM	BER: P07000095221			
The enclosed Articles	of Amendment and fee are st	abmitted for filing.		
Please return all corre	espondence concerning this ma	itter to the following:		
	ISMAEL GARCIA SR			
		Name of Contact Person		
	ALL SMOOTH LAWN MAINTENANCE & LANDSCAPING, INC.			
		Firm/ Company		
	15890 SW 200 ST	, ,		
		Address	·	
	MIAME FL 33187			
	·	City/ State and Zip Code	,	
INFO)@ALLSMOOTHLAWN.CO	9N1		
		sed for future annual report i	notification)	
For further informatic	n concerning this matter, plea-		2388694	
Name	of Contact Person	ar (Area Cod	2388694 Le & Daytime Telephone Number	
Enclosed is a check fo	or the following amount made			
S35 Filling Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address 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 of

ALL SMOOTH LAWN MAINTEANCE & LANDSCAPING, INC.

(Name of Corporation as currently filed with the Florida Dept. of State	<u>e</u>)		
P07000095221			
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the its Articles of Incorporation:	following	amendr	nent(s)
A. If amending name, enter the new name of the corporation:			
		The ne	,14.
name must be distinguishable and contain the word "corporation," "company," or "incorporated" of "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation nan word "chartered," "professional association," or the abbreviation "P.4."	or the abi	breviatio	9#
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)			-
			•
C. Fotor pay mailing address if applicables		~	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
		AUG	***
		9	Lyneans Learner
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	(D)-	=	13
new registered agent and/or the new registered office address:	en. Tha	œ, —	· ·
Name of New Registered Agent		21	
(Florida street address)	•		
New Registered Office Address:			
(Cip)	(Zip Ce)de)	
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 po-	osition.		
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: <u>X</u> Change	PT John	n Doc			
X Remove	<u>V</u> <u>Mik</u>	Mike Jones			
<u>X</u> Add	≥ <u>SV</u> <u>Sali</u> y	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change	DVP GN	(SMAEL GARCIA JR	15890 SW 200 ST		
XAdd			MIAMI, FL 33157		
Remove					
2) Change					
Add					
Remove					
3 + Change		- 14			
Add					
Remove					
4) Change					
Add					
Remove			<u></u>		
5) Change					
Add					
Remove	,				
6) Change			-,		
Add					
Remove					

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)		nal sheets, if necessar	Articles, enter change(s) h v). (Be specific)	<u></u> -	
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/V-J-V-	provisions for (if not app :				
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08/13/2019	.1 .1 .
The date of each amendment(s) adoption:	other than the
date tills document was signed.	
Effective date if applicable:	<u>. </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 not be document's effective date on the Department of State's records.	oe listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 arrendment(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. 	
08/13/2019 Dated	
Signature	
step 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 (iduciary by that fiduciary)	
48MAEL GARCIA SR	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	