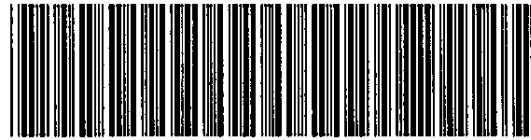


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

17 JAN 20 PM 3:14  
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JAN 23 2017  
R. WHITE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 13, 2017

MICHAEL FOLDA  
DESIGNSCAPES OF CENTRAL FL  
390 WOLDUNN CIRCLE  
LAKE MARY, FL 32746

SUBJECT: DESIGNSCAPES OF CENTRAL FLORIDA INC.  
Ref. Number: P07000104759

We have received your document for DESIGNSCAPES OF CENTRAL FLORIDA INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

**YOU MUST CHECK ONLY ONE ADOPTION OF AMENDMENT BOX.**

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair  
Regulatory Specialist II

Letter Number: 017A00000866

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: DesignScapes of Central Florida Inc  
DOCUMENT NUMBER: P07000104759

The enclosed *Articles of Amendment* and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Michael Folda  
Name of Contact Person  
DesignScapes of Central FL  
Firm / Company  
390 Woidunn Circle  
Address  
Lake Mary FL. 32746  
City/ State and Zip Code  
husky08470@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Folda at: 407 448 1462  
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:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$45.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 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

Article: of Amendment  
to  
Articles of Incorporation  
of

17 JAN 20 PM 3:14

DesignScapes of Central Florida, Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

P07000104759

(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:

Rise Above Landscape, Inc

The new

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)

390 Woldunn Circle  
Lake Mary FL 32746

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

N/A

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 Sherry Foida

390 Woldunn Circle Lake Mary FL 32746  
(Florida street address)

New Registered Office Address: Lake Mary, Florida 32746  
(City) (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.

Sherry Foida

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:

Change      PT      John Doe

Remove      V      Mike Jones

Add      SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

1)  Change

P

Sherry Folda

390 Waldunn Circle  
Lake Mary FL 32746

Add

Remove

2)  Change

V

Michael Folda

390 Waldunn Circle  
Lake Mary FL 32746

Add

Remove

3)  Change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Add

Remove

4)  Change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Add

Remove

5)  Change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Add

Remove

6)  Change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Add

Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
(Attach additional sheets, if necessary). (Be specific)

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**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)

Sherry Folda	51%
Michael Folda	49%

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The date of each amendment(s) adoption: January 1st 2017, if other than the date this document was signed.

Effective date if applicable: January 1st 2017  
(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 listed as the document's effective date on the Department of State's records.

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)

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 January 1st 2017

Signature Sherry Folda  
(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)

Sherry Folda  
(Typed or printed name of person signing)

President  
(Title of person signing)