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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.COULLIETTE
NEV 0 62008

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Russia	LANDSCAPING AND MAINTENANCE, DR.
DOCUMENT NUMBER: Po	7000/293/0
The enclosed Articles of Amendment and fee are sul	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Geovanny Spa (Name of Con	
INDESA (Firm/Co	ompany)
,	Laura Trail Leute 195
Orlando, H (City/State ar	32809 ad Zip Code)
For further information concerning this matter, pleas	
(Name of Contact Person)	at (Y07) 666-95-90 (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	\$43.75 Filing Fee & \$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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

Russi Loud (Name of Corporation as cur	scaping l	and Mante he Florida Dept. of St.	nance Lec-
Pota	0 12931	0	
(Document Nu	imber of Corporation	on (if known)	
Pursuant to the provisions of section 607.10 following amendment(s) to its Articles of Income.		es, this <i>Florida Profit</i>	Corporation adopts the
A. If amending name, enter the new name	of the corporation	<u>ı:</u>	
The new name must be distinguishable "incorporated" or the abbreviation "Corp., "Co". A professional corporation na association," or the abbreviation "P.A."	" "Inc.," or Co.,	" or the designation	"Corp," "Inc," or
B. Enter new principal office address, if an			
(Principal office address <u>MUST BE A STRE</u>	<u>SET ADDRESS</u>)		Acc
			7.42 7.43 7.80
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)			DV-3
			$E_{s} \equiv m$
			2000
D. If amending the registered agent and/onew registered agent and/or the new re			ter the name of the
Name of New Registered Agent:			
New Registered Office Address:	(Flori	da street address)	
			, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as register position.			ept the obligations of the
_	Signature of New	Registered Agent, if ch	anging

<u>Name</u>	Address	Type of Actio
DiANA RUSSI	SS95 HANSE! AVC.	Add Remove
Dioselino Russi	SIGNAMUSEL AVE.	Add Remove
		Add Remove
<u>/</u>	V/ 13	
not applicable, indicate N/A)		
	amendment provides for an exchange sions for implementing the amendme	amendment provides for an exchange, reclassification, or cancellation of is sions for implementing the amendment if not contained in the amendment

The date of each amend	ment(s) adoption: /0/\nu\/08
Effective date if applica	ble: 10/v/08
	(no more than 90 days after amendment file date)
Adoption of Amendmer	ot(s) (<u>CHECK ONE</u>)
	as/were adopted by the shareholders. The number of votes cast for the amendment(s) vas/were sufficient for approval.
	as/were approved by the shareholders through voting groups. The following statemer ovided 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) w action was not requir	as/were adopted by the board of directors without shareholder action and shareholder ed.
The amendment(s) w action was not require	as/were adopted by the incorporators without shareholder action and shareholder ed.
Dated_	
Signat	ure O et Rut
	(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)
	DO'ANA RUSSI'
	(Typed or printed name of person signing)
	- Presi Dent
	(Title of nerson signing)