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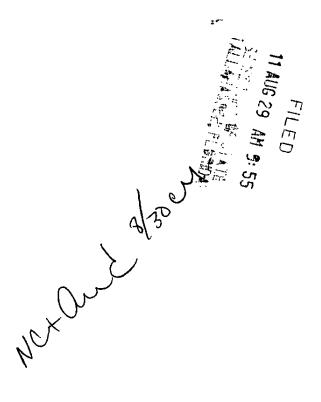
| (Requestor's Name) | | | | |
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| Special Instructions to | Filing Officer: | ŀ | | |
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Office Use Only



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COVER LETTER

TO! Amendment Section
Division of Corporations

| NAME OF CORPORATION: J'S Land care Inc. | | | | | | |
|--|--|--|--|--|--|--|
| DOCUMENT NUMBER: 1080000 62846 | | | | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | | |
| JARROD DHAEMERS Name of Contact Person | | | | | | |
| FIRST COAST LAND Our Inc. | | | | | | |
| 3932 OLYMPIC Lane | | | | | | |
| Jackson Ville 32223 City/ State and Zip Code | | | | | | |
| Jarroddh Aemer Sa VAhoo. com E-mail address: (to be used for future annual report notification) | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| JArrod DhAemers at 904 813-9016 Name of Contact Person Area Code & Daytime Telephone Number | | | | | | |
| Author Colline 1 Close | | | | | | |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | | | | | | |
| \$35 Filing Fee \$\begin{array}{c} \$43.75 Filing Fee & \textsuperscript{\textsuperscri | | | | | | |
| Mailing Address Amendment Section Amendment Section | | | | | | |

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

| (Name of Corporation as currentl | y filed with the Florid | da Dept. of State) | |
|--|--------------------------|-------------------------|---------------------------|
| P0800 | 000 628. | 46 | |
| (Document Number | of Corporation (if known | own) | |
| Pursuant to the provisions of section 607.1006, F amendment(s) to its Articles of Incorporation: | Torida Statutes, this I | Florida Profit Corpora | tion adopts the following |
| A. If amending name, enter the new name of the | e corporation: | | |
| First Coast LA name must be distinguishable and contain the | Nd Care | INC. | The new |
| name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the desname must contain the word "chartered," "profess | signation "Corp," "In | c," or "Co". A profe | ssional corporation |
| B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A | | | N |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | BOX) | | TI AUG 29 AI |
| | | | 9:55 |
| D. If amending the registered agent and/or registered agent and/or the new registered | | in Florida, enter the n | ame of the |
| Name of New Registered Agent: | ou omeo uddi essi. | | |
| New Registered Office Address: | (Florida street | address) | |
| | | , Florid | da |
| | (City) | (Zip Code) | |
| New Registered Agent's Signature, if changing F | | | |
| I hereby accept the appointment as registered agen | t. I am familiar with | and accept the obligati | ons 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 | Address | Type of Action |
|--------------|--|---|-------------------|
| PVST | JUSTIN BROWN | 10851 SAddle HORN DR. JACKSONVIIIE 74 32257 | Add Remove |
| | | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |
| | ling or adding additional Articles, ente | | |
| | | | |
| | nendment provides for an exchange, re | | |
| (if n | ons for implementing the amendment is ot applicable, indicate N/A) | not contained in the amendment i | <u></u> |
| | | | |
| | | | |
| | | | |

| The date of each amendment(s) | adoption: | equet 22, 2011 |
|--|--|--|
| Effective date <u>if applicable</u> : | au (da | nte of adoption is required) |
| · (n | o more than 90 days | s after amendment file date) |
| Adoption of Amendment(s) | (CHECK | ONE) |
| The amendment(s) was/were a by the shareholders was/were | | cholders. The number of votes cast for the amendment(s) val. |
| | | reholders through voting groups. The following statement of entitled to vote separately on the amendment(s): |
| "The number of votes cas | t for the amendment | t(s) was/were sufficient for approval |
| by | | .,, |
| (vo | oting group) | |
| The amendment(s) was/were a action was not required. | dopted by the board | d of directors without shareholder action and shareholder |
| The amendment(s) was/were a action was not required. | dopted by the incorp | porators without shareholder action and shareholder |
| Dated <u>Ougle</u> Signature | xt 23, 2011 | |
| (b) a d selected | lirector, president or d, by an incorporator ted fiduciary by that | other officer – if directors or officers have not been r – if in the hands of a receiver, trustee, or other court fiduciary) |
| _ | Jarrod | DHAEMERS printed name of person signing) |
| | (Typed or | printed name of person signing) |
| _ | PResid | lent |
| | (Title of perso | on signing) |