## Po900001912

(Requestor's Name)	
(Address)	-
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	<del></del>
Special Instructions to Filing Officer:	

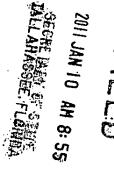
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	Southern Magnolia Landscapes, Inc	
DOCUMENT NUMBER:	P0900001912	
The enclosed Articles of Amend	nent and fee are submitted for filing.	
Please return all correspondence	oncerning this matter to the following:	
	Michael Klopack	
	Name of Contact Person	
<del> </del>	Firm/ Company	
	1723 SW 4th Street Address	
	Address	
<del></del>	Cape Coral, FL 33991  City/ State and Zip Code	
E-mail a	mikeklopack@msn.com  iress: (to be used for future annual report notification)	
For further information concerni	g this matter, please call:	
Michael Klopa Name of Contact Pers		
Enclosed is a check for the follo	ing amount made payable to the Florida Department of State:	
☑ \$35 Filing Fee ☐ \$43.75 F Certifica	of Status  S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)	sed)
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## **Articles of Amendment**

•	to Articles of Incorporation of	ZOIJAN ED
•	Southern Magnolia Landscapes, Inc	AL AL
	(Name of Corporation as currently filed with the Florida Dept. of State)	7436 " 8.5c
	P0900001912	
	(Document Number of Corporation (if known)	

owing

6 4 44	f the corporation:	
Southern M name must be distinguishable and contain i	agnolia Services, Inc	The new
name must be distinguishable and comain to abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	designation "Corp," "Inc," or "Co". A	professional corporation
B. Enter new principal office address, if app		
(Principal office address <u>MUST BE A STREE</u>	T ADDRESS )	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFI</u> C	<u></u>	
	<del> </del>	·
D. If amending the registered agent and/or r		er the name of the
	stered office address:	
new registered agent and/or the new regis		
Name of New Registered Agent:		-
		-
	(Florida street address)	-
Name of New Registered Agent:	, , , , , , , , , , , , , , , , , , ,	, Florida
Name of New Registered Agent:	, , , , , , , , , , , , , , , , , , ,	_, Florida Code)

## 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) Title-Type of Action . Name. Address . ☐ Add ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) N/À 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) N/A

The date of each amendment(	s) adoption: 1/1/2011
Effective date if applicable:	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	
(	(voting group)
action was not required.	e adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
Dated 1/3/20	May den
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Michael Klopack
	(Typed or printed name of person signing)
	President
	(Title of person signing)