## Pb9000042391

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		,
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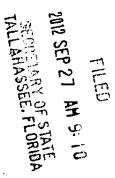




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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: CITUSCAPES INTERNATION.  DOCUMENT NUMBER: P. 09.00042391	AL CONSUL
DOCUMENT NUMBER: P 09 0000 42391	·
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Kin Rossi Name of Contact Person	
CITY SCAPES FINT'L CON	SULTING
2912 BEE RIDGE RD.	
SALASOTA, F1. 3 City/ State and Zip Code	4239
E-mail address: (to be used for future annual report notification)	com
For further information concerning this matter, please call:	
Kim Rossi at 941 928- Name of Contact Person Area Code & Daytime T	4586 Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:	•
S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional is enclosed)  Certified Copy (Additional copy is enclosed)	of Status Opy I Copy
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationP.O. Box 6327Clifton Building	ons

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

CMISCAPES INTERNATIONAL	Consuctions SE ENDETRE
(Name of Corporation as currently filed with the Flo	rida Dept. of State)
P090000	142391 TALLAHASSEE, FLORIDA
(Document Number of Corporation (if I	cnown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
<del></del>	1/10
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2912 BEE BIDGE RO. SARASOTA, FL.
·	34239
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS ABOVE
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent 91M 103	ERIDGERD.
(Florida stree	et address)
New Registered Office Address: (City)	<u> 245074</u> , Florida <u>FL. 342</u> 39 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Registered As	Test of 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: X Change	<u>PT</u> .	<u>John Doe</u>			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u> .	Sally Smith			·
Type of Action (Check One)	Title	<u>Name</u>		Address	
1)ChangeAdd	<u>P.</u>	WILLIAN	n T. PITIMA	N 1630 P SARAS	INGLING BLUD. OTA, FL 34236
2) Change Add	<u>P.</u>	BRETT	BINFORD	1930 NE 0	DREGON ST.
Remove  3 ) Add Remove	<u>V.</u>	NELSO	N MARTIN	7340 GOL 3ARASO	9 1232 FROINTECIE. 14, FL 34243
4) Change Add Remove					
5) Change Add Remove	<del></del>	<del></del>	<u> </u>		
6) Change Add Remove	<del></del>				

If amending or addin attach additional shee	ets, if necessary).	(Be specific)	visi noi e.		
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			. <u> </u>		
f an amendment pro	vides for an eyel	nange reclassific	stian or conce	llation of issued si	ha rac
provisions for imple	menting the ame	ndment if not co	ntained in the	imendment itself:	101 (3)
(if not applicable	, indicate N/A)				
· · · · · · · · · · · · · · · · · · ·					
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·		<del> </del>	<del></del>		
	/	<del></del> -			
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	<u>/</u>				

Tective date <u>if applicable</u> : <u> </u>	
	ow more than 90 days after amendment file done)
doption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop by the shareholders was/were suff	ited by the shareholders. The number of votes east for the amendment(s) feight for approval.
	oved by the shareholders through voting groups. The totteneng vatetien ach voting group entitled to vote separately on the amendments):
"The number of votes cast for	or the amendment(s) was/were sufficient for approval
by	
	(voiting group)
nction was not required.  Dated	ment by the meorporators without shareholder action and shareholder    20
appointe	ed fideritary by that (fiduciary)  BRETT BINFORD
••	() yield of printed thank of person significal