

P090000 82222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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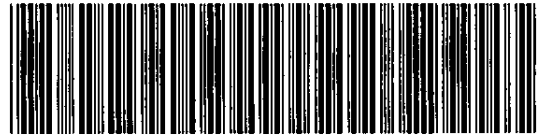
(Business Entity Name)

(Document Number)

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AND  
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09 NOV - 2 PM 3:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amey*  
11/11/09  
TL

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: MACLAUD LANDSCAPING, INC.

DOCUMENT NUMBER: P0900008222Z

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maniela Dominguez  
Name of Contact Person

Maclaud Landscaping, Inc.  
Firm/ Company

3030 SW 115 Ave  
Address

Miami, FL 33165  
City/ State and Zip Code

domauro@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mauricio Dominguez at (305) 432-8359  
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:

- |                                                     |                                                                        |                                                                                                  |                                                                                                                         |
|-----------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Document Number of Corporation (if known))

Page 1 of 3

**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> | <u>Name</u>        | <u>Address</u>                             | <u>Type of Action</u>                                                      |
|--------------|--------------------|--------------------------------------------|----------------------------------------------------------------------------|
| ✓            | Mauricio Dominguez | 26500 Sw 197 Ave<br>Homestead, FL<br>33091 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____              | _____                                      | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____              | _____                                      | <input type="checkbox"/> Add<br><input type="checkbox"/> 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)*

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The date of each amendment(s) adoption: 10/5/09

Effective date if applicable: 10/5/09  
(date of adoption is required)  
(no more than 90 days after amendment file date)

**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 10/5/09

Signature Mariela Dominguez  
(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)

MARIELA DOMINGUEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)