## P11000003013a

(Requestor's I	Name)
(Address)	<u> </u>
(Address)	
(City/State/Zip	/Phone #)
PICK-UP W	AIT MAIL
(Business Ent	tity Name)
(Document No	umber)
Certified Copies Cert	ificates of Status
Special Instructions to Filing Office	er:

Office Use Only



500316999405

08/15/18--01013--017 ••35,30

SECRETIEY OF STATE ALLAHASSEE, FLORIDA

FILED



## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION TOB SENICES LANDSCAPE CONTRACTO
DOCUMENT NUMBER: \$11000030132
The enclosed Articles of Amendment and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  (Same As Above)  Firmy Company  188 FSentley  Address  Address  City/ State and Zip Code  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sonathan Klapp at (305) 522-2654  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:

□\$43.75 Filing Fee &

Certified Copy (Additional copy is

enclosed)

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

\$35 Filing Fee

□\$43.75 Filing Fee &

Certificate of Status

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

□\$52.50 Filing Fee

Certified Copy (Additional Copy

is enclosed)

Certificate of Status

## Articles of Amendment

to Articles of Incorporation

Articles of Interporation
5+B Services, Landscape Contractor, Inc.  (Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:  The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent
(Florida spreet address)  New Registered Office Address:  (City)  (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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)

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: <u>X</u> Change	<u>PT</u>	John Do	£			
X Remove	<u>v</u>	Mike Jo	nes			
X Add	<u>sv</u>	Sally Sr				
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s	13595 NG	= 15T SH
1) Change	VF	_	nichael Klopp	Silv	13595 No VerSpring	3,FL 3448
Add			`		-	<i>5</i> 448
Remove						
2) Change		_				-
Add						-
Remove						-
3) Change		_				
Add						-
Remove						-
4) Change		_				-
Add						•
Remove					· ·	
5) Change		_				
Add						-
Remove						-
6) Change		_				-
Add						-
Remove						

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)
	N/A
<u> </u>	
<u>-</u>	
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	A A
	N/A
	<u> </u>
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:	than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed document's effective date on the Department of State's records.	ed as the
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 and shareholder	
action was not required.	
Dated 8 - 11 - 18	
Signature 1771	
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)	
(Typed or printed name of person signing)	
(Title of person signing)	