0000 39084

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

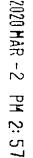
Office Use Only

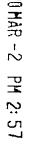


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FIRST STAR NUM	RSERY AND LANSCAPI	NG, CORP.		
DOCUMENT NUMBER: P11000039084				
The enclosed Articles of Amendment and fee are su	bmitted for filing.			
Please return all correspondence concerning this ma	tter to the following:			
LEYLA SCAPARONE				
-	Name of Contact Person	1		
JOHN P. MAAS, P.A.				
	Firm/ Company			
44 NE 16 STREET				
Address				
HOMESTEAD, FLORIDA 3	3035			
	City/ State and Zip Cod	e		
E-mail address: (to be us	sed for future annual report	notification)		
For further information concerning this matter, pleas	se call:			
LEYLA SCAPARONE	at (
Name of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made p	payable to the Florida Dep	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303		

Articles of Amendment to Articles of Incorporation of

FIRST STAR NURSERY AND LANSCAPING, CORP.

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Name of Corporation as current	tly filed with the Florida Dept. of State)	
P11000039084		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the foll	owing amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must co	
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		7.02
	v	2020 HAR
C. Enter new mailing address, if applicable:		2:
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address		
Name of New Registered Agent		
	-	
(Florida si	treet address)	
New Registered Office Address:	. Florida	
New Registeren Office Address.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		tion.
	, 3	
Signature of New I	Registered Agent, if changing	
Check if applicable		

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		.	
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Attach additional sheets, if necessar	ary). (Be specific)
ay Suarez has transferred all of his c	original shares of stock to Islay Suarez, as Trustee of The Revocable Living Trust of
ay Suarez, dated February 21, 2020.	J.
	····
<u> </u>	
	·
If an amendment provides for an	exchange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/.	e amendment if not contained in the amendment itself: \overline{A}
<u> </u>	

.

The date of each amendment(s) adoption:, if	other than the
date this document was signed.	
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 filing requirements, this date will not ledocument's effective date on the Department of State's records.	be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and share action was not required.	:holder
☐ 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)	
(voting group)	
Dated 2/21/2020	
Signature	
(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)	
ISLAY SUAREZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	