## P11000019736

| (Re                     | questor's Name)  |             |
|-------------------------|------------------|-------------|
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| (Cit                    | y/State/Zip/Phon | e #)        |
| PICK-UP                 | ☐ WAIT           | MAIL        |
| (Bu                     | siness Entity Na | me)         |
| (Do                     | cument Number)   | )           |
| Certified Copies        | _ Certificate    | s of Status |
| Special Instructions to | Filing Officer:  |             |
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D CUSHING

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

| NAME OF CORPO           | RATION:                                     | NC.  |  |             |          |               |
|-------------------------|---|--|--|-------------|----------|---------------|
| DOCUMENT NUMI           | BER: P110000                                | 2579736  |  | <del></del> |          |               |
| The enclosed Articles   | of Amendment and fee are su                 | bmitted for filing.  |  |             |          |               |
| Please return all corre | spondence concerning this ma                | tter to the following:   |  |             |          |               |
|                         | DANIELLE KELLY                              |  |  |             |          |               |
|                         |   | Name of Contact Person   | n  | <del></del> |          |               |
|                         | FELIX & FELIX INC.                          |  |  |             |          |               |
|                         | #40# DUD IDEE ALVENIUS                      | Firm/ Company  |  |             |          |               |
|                         | 5185 DUNDEE AVENUE                          |  |  |             |          |               |
|                         | DE LEON SPRINGS FL 321                      | Address  |  |             |          |               |
|                         | DE LEON SPRINGS PL 321                      |  |  | <del></del> |          |               |
|                         |   | City/ State and Zip Cod  | le   |             |          |               |
| felixl                  | andscape123@gmail.com                       |  |  |             |          |               |
|                         | E-mail address: (to be us                   | sed for future annual report                                       | notification)  | <del></del> |          |               |
| For further informatio  | n concerning this matter, pleas             | se call:   | ,  |             |          |               |
| Danielle Kelly          |   | 386<br>at (  | 848-3485   | 700         | 16       |               |
| Name                    | of Contact Person                           |  | ode & Daytime Telephone N  | Number 3    | #PR      | CONTRACT OF   |
| Enclosed is a check fo  | or the following amount made                | payable to the Florida Depa  | artment of State:  | 6 A         |          | y special and |
| ■ \$35 Filing Fee       | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | FI Company  | PH 2: 11 | -             |
|                         | iling Address                               |  | Address  |             |          |               |
|                         | endment Section ision of Corporations       |  | dment Section on of Corporations   |             |          |               |

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation** of

| (Name of Corporation as   | s currently filed with the Florida Dept. of State)   |
|---|--|
| P11000079736  |  |
| (Document   | Number of Corporation (if known)   |
| Pursuant to the provisions of section 607.1006, Florida Statests Articles of Incorporation:   | tutes, this Florida Profit Corporation adopts the following amendment(s)   |
| A. If amending name, enter the new name of the corpor   | ration:  |
| -   | The new  |
|   | corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the |
| 3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRES                              | SS )   |
|   |  |
|   |  |
|   |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   |  |
| (Muning marcis MAT DI. ATOST OFFICE BOX)  |  |
|   | <u>", ", ", ", "</u>   |
|   |  |
|   | *  |
| <ol> <li>If amending the registered agent and/or registered of<br/>new registered agent and/or the new registered office</li> </ol> |  |
|   | <del></del>  |
|   |  |
| Name of New Registered Agent  |  |
|   |  |
|   | (Florida street address)   |
|   | (Florida street address), Florida (City) (Zip 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)

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>    | John Do     | <u>oe</u>     |                        |
|----------------------------|--------------|-------------|---------------|------------------------|
| X Remove                   | <u>V</u>     | Mike Jo     | ones .        |                        |
| X Add                      | <u>sv</u>    | Sally St    | <u>mith</u>   |                        |
| Type of Action (Check One) | <u>Title</u> |             | Name          | <u>Addres</u> s        |
| 1) Change                  | D            |             | Jacob Pearson | 445 Girl Scout Camp Rd |
| X Add                      | · -          | _           |               | Pierson, FL 32180      |
| Remove                     |              |             |               |                        |
| 2) Change                  |              | <del></del> |               |                        |
| Add                        |              |             |               |                        |
| Remove                     |              |             |               |                        |
| 3) Change                  |              |             |               |                        |
| Add                        |              |             |               |                        |
| Remove                     |              |             |               |                        |
| 4) Change                  |              | _           |               |                        |
| Add                        |              |             |               |                        |
| Remove                     |              |             |               |                        |
| 5) Change                  |              |             |               |                        |
| Add                        |              |             |               |                        |
| Remove                     |              |             |               |                        |
| 6) Change                  |              |             |               |                        |
| Add                        |              | _           |               |                        |
| Pameria                    |              |             |               |                        |

|   | Attach additiona | adding additional Artical sheets, if necessary). | (Be specific)      | <u></u> -          |                   |  |
|---|------------------|--|--------------------|--------------------|-------------------|--|
| f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:                                      |                  |  |                    |                    |                   |  |
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| (if not applicable, indicate N/A)   | If an amendme    | it provides for an exch                          | ange, reclassifica | tion, or cancellat | ion of issued sha | res.   |
|   | (if not app      | icable, indicate N/A)                            | toment ii not con  | tameu in the and   | endment usen:     |  |
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| 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)   |                              |
|  | (no more than 90 days after amendment file date)   |                              |
| Note: If the date inserted in thi document's effective date on the | s block does not meet the applicable statutory filing requirements, this date Department of State's records.   | te will not be listed as the |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )   |                              |
| ☐ The amendment(s) was/were a<br>by the shareholders was/were      | dopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.  | )                            |
|  | approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):   | nt                           |
| "The number of votes ca  | st for the amendment(s) was/were sufficient for approval   |                              |
| by   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |                              |
|  | (voting group)   |                              |
| The amendment(s) was/were a action was not required.               | adopted by the board of directors without shareholder action and shareholde  | r                            |
| ☐ The amendment(s) was/were a action was not required.             | adopted by the incorporators without shareholder action and shareholder  |                              |
| 4/4/2016   | ;  |                              |
| Dated  |  |                              |
| Signature  |  |                              |
| (By a selection)   | director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other cour binted fiduciary by that fiduciary) | t                            |
|  | Danielle Kelly   |                              |
|  | (Typed or printed name of person signing)  |                              |
|  | President  |                              |
|  | (Title of person signing)  | <del></del>                  |

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