P12000045150

(Reque	estor's Name)	
(Addre	ss)	
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(City/S	tate/Zip/Phone #	9)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Name)
(Docur	ment Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Fili	ng Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: AMERICA'S BES	T LANDSCAPING & EQ	UIPMENT INC.	
DOCUMENT NUMB	ER: P12000045	150		
	f Amendment and fee are su	bmitted for filing.		
·	oondence concerning this ma	·		
·	·	_		
-	CHARLES LE	Name of Contact Persor		
,	AMERICA'S BEST		& EQUIPMENT INC.	
_		Firm/ Company		
	5201 SW 76TH	HAVE		
-		Address		
<u></u>	DAVIE, FL 333			
		City/ State and Zip Code	e	
AM	ERICANBOBO	CAT5201@YA	HOO.COM	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
CHARLES!	LEWIS	_{at (} 954	, 275-7077	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:	
■ \$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)	
Mailing Address		Street Address		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

(Name of Corporation as currently filed w	ith the Florida Dept. of State)	
P12000045150		_
(Document Number of Corp.	oration (if known)	
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the followin	g amendment(s) to
A. If amending name, enter the new name of the corpora	ation:	
		_The new
name must be distinguishable and contain the word "co" "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	nc," or "Co". A professional corporation name must	bbreviation contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES.	N/A (S)	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	4-833 9102 ARVI 31339 ARVI 31339 ARVI 31339
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		E STATE W
Name of Name Basistaned Apart CHARLES		
Name of New Registered Agent	- LEVVIO	
(1	Florida street address)	
New Registered Office Address:	, Florida	_
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am Signature of New Registered Signature of New Registered agent.		

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 <math>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.

X Change	<u>PT</u> Jo	John Doe				
X Remove	<u>v</u> <u>v</u>	Mike Jones				
X Add	<u>sv</u> <u>s</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
1) Change	PT	CHARLES LEWIS	5201 SW 76TH AVE			
Add			DAVIE, FL 33328			
Remove						
2) Change	<u>P</u>	COREY LEWIS	5201 SW 76TH AVE			
Add			DAVIE, FL 33328			
Remove						
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

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If an amendme	ent provides f	or an excha	nge, reclass	ification, or	cancellation	of issued shar	res.
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provisions for (if not app	ent provides for implementin plicable, indica	g the amen	nge, reclass	ification, or t contained i	cancellation the amends	of issued shar nent itself:	res.
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provisions for (if not app	implementin	g the amen	nge, reclass	t contained i	cancellation the amend	of issued shar	res.

The date of each amendment(s) adoption: 1/21/15	, if other than th
date this document was signed.	
Effective date if applicable: 1/21/15	
(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)	
(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 1/21/15 Signature Child	
(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)	
CHARLES LEWIS	
(Typed or printed name of person signing)	
PRESIDENT & TREASURER	
(Title of person signing)	