P1400033488

(Re	questor's Name)	
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SUGRETARY OF STATE OIVISION OF CORPORATIONS

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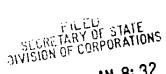
TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	RIDA PLANTSCAP	ES CORPORATION
P14000033488 DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are sub-	omitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
JOHN MEACHAM		
MARVIN WINDOW &	Name of Contact Person	
412 VILLAGE VIEW L	Firm/ Company ANE	
LONGWOOD, FLORIE	Address DA 32779	
 	City/ State and Zip Cod	e
JOHNMEACHAM@JOHNI	MEACHAM.NET	
E-mail address: (to be us	ed for future annual report	notification)
For further information concerning this matter, pleas	e call:	
JOHN MEACHAM	407	947-5441
Name of Contact Person	at ()at () Area Code & Daytime Telephone No	
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:
\$35 Filing Fee \$\bigcup \\$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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation of



CUSTOM FLORIDA PLANTSCAPES CORPORATION

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P14000033488	at Number of Corporation (if	(noum)		
(Document	a Number of Corporation (II)	KHOWII)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation a	dopts the following	g amendment(s) to
A. If amending name, enter the new na MARVIN WINDOW & DOOR IN		.		The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corpor		- pbreviation
·		412 VILLAGE VIEV	V LANE	
B. Enter new principal office address, (Principal office address MUST BE A ST		LONGWOOD, FLO	RIDA 32779	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O. BOX 520333		
		LONGWOOD, FLO	RIDA 32752	
D. If amending the registered agent an		ss in Florida, enter the na	me of the	
new registered agent and/or the new Name of New Registered Agent	JOHN MEACHAM			
Name of New Negatierea rigent	412 VILLAGE VIEW	LANE	_	
	(Florida stree	et address)	32779	
New Registered Office Address:		, Florida	a	
	(City)		(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agent:	,		
I hereby accept the appointment as regist			ns of the position.	
	At the	~	_	
Si	exature of New Registered As	ent, if changing		

It 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 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	VTS	ELIZABETH KELLER	4152 MERIDIAN STREET
Add			SUITE 105, BELLINGHAM
Remove			WA 98226
2) Change	PD	JOHN MEACHAM	412 VILLAGE VIEW LANE
Add	-		LONGWOOD, FLORIDA
$\overline{}$			32779
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sl	ling additional Art heets, if necessary).		<u>દુધ(8) મધાર</u> ા		
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If an amendment provisions for imp	provides for an exc plementing the am ble, indicate N/A)	hange, reclassific endment if not co	cation, or cancella ontained in the am	tion of issued shar endment itself:	es.
(у пог арриса	me, maicale WA)				
					
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The date of each amendment		SECRETARY OF STATE HVISION OF CORPORATIONS	, if other than the
date this document was signed Effective date if applicable:	DECEMBER 12, 2014	14 DEC 16 AM 8: 32	
	(no more than 90 days afte	r amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of ere sufficient for approval.	F votes cast for the amendment(s)	
	re approved by the shareholders through voting ed for each voting group entitled to vote separa		
"The number of votes	s cast for the amendment(s) was/were sufficien	for approval	
by	(voting group)		
	(voting group)		
The amendment(s) was/we action was not required.	re adopted by the board of directors without sh	areholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareh	older action and shareholder	
DE(DEMBER 12, 2014		
Signature _		<u>G</u>	
S	By a director, president or other officer – if directed, by an incorporator – if in the hands of ppointed fiduciary by that fiduciary)		
	ELIZABETH KELLER		
	(Typed or printed name	e of person signing)	
	SECRETARY		
	(Title of perso	on signing)	