## P14000042592

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Amend 11.10.14

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

IAME OF CORPORATION: LAWNWOYKS AND LANDSMAPING IN	7G ·
OCUMENT NUMBER: P14000042597	
he enclosed Articles of Amendment and fee are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
Francesca Uxania Name of Contact Person	<del></del>
Lawnworks and undscaping in	<u>1</u> C_
_380 SW Dagget Ave	<del></del>
Port St lucie FL 34953 City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	ฎ
or further information concerning this matter, please call:	
Francesca Lucanica at ( 772 ) 777 - 9.  Name of Contact Person Area Code & Daytime Telephone	329 Number
enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  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**

Articles of Incor	poration
LAWNWORKS AN	ud Landscaping Ink.
(Name of Corporation as currently filed with the Flor	rida Dept. of State)
P140001	) 42592
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation adopts the following 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," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.,	". A professional corporation name must contain the
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)	FILED SIA SECRETARY OF SIA 14 DCT 27 PM 1
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida street	address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	h 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: XChange	<u>PT</u> <u>Joh</u>	m Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
_X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	_V	Jose L Borrero	3531 SW Carmodys- Port st lucie PL 34953
2) Change Add			
Remove 3) Change	<del></del>		
Add Remove 4) Change			
Add Remove	<del></del>		
5) Change			
Remove  6) Change Add			
Remove			

amending or ttach addition	adding additional Articles, enter change(s) here: al sheets, if necessary). (Be specific)	
Yease	ADD FEIN # 46-5635495	>
	nt provides for an exchange, reclassification, or cancellation of issued shares,	1
	implementing the amendment if not contained in the amendment itself: licable, indicate N/A)	
505°	Borrero 40%	
<u>-</u>		
<del></del>		

date this document was signed.	, if other than the
Effective date if annicable:	
(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 10/15/14	
Signature Stancosea Lucanier	
(By 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)	
Francesca Warner	<del></del>
(Typed or printed name of person signing)	
President /ceo	
(Title of person signing)	_