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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LAWNWORKS and landscaping in ()					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Francesca Lucania Name of Contact Person [Awnworks and lands(aping inc. Firm/Company] 380 SW Dagget Ave Address Port St lucie FL 34953 City/State and Zip Code [Awnworks and Saping & Vahous Company] E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Francesca Lucania at (772)777-9329 Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mulling 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

of

Lawnworks and la	ndsapina	inc.	<u></u>
(Name of Corporation as o	currently filed with the F	lorida Dept. of State)	
PICIONO (Document N	umber of Corporation (if k	nown)	<u></u>
Pursuant to the provisions of section 607.1006, Florida Statu its Articles of Incorporation:	• `	•	ollowing amendment(s) to
A. If amending name, enter the new name of the corpora	<u>ıtion:</u>		
name must be distinguishable and contain the word "co	rporation," "company,"	or "incorporated" or	The new the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inword "chartered," "professional association," or the abbrev		nal corporation name	must contain the
word chartered, projessional association, or the above	viation F.A.		19 8 1
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>	Σ)		一颜于而
	10 d 10 d		
		 	<u>ئى ئ</u>
C. Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			
D 16	6		
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		iter the name of the	
Name of New Registered Agent			
(F	Torida 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 f.		a phlications of the no	sition
i nerevy accept the appointment as registered agent. I am fi	итиш жин ана иссер <i>и</i> т	e vongunons of the po	3666Uff.
Signature o	of New Registered Agent, i	f 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.

X Change	PT	John D	<u>oe</u>	
X Remove	Y	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	YP	_	Yavier Jones	380 SW Dagget AVE
X Add				Port st Wrie FL
Remove				34953.
2) Change				
Add				**************************************
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	ng additional Arti ets, if necessary).	(Be specific)			
J. V L					
					
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<u>,,,</u>					
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	ovides for an excl	hange, reclassifica	ation, or cancellati ntained in the ame	on of issued shares, adment itself:	
provisions for impl	ementing the atm				
provisions for impl	le, indicate N/A)				
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provisions for impl	le, indicate N/A)				
If an amendment pr provisions for impl (if not applicable	le, indicate N/A)				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	·
Effective date <u>if applicable</u> :	
(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 document's effective date on the Department of State's records.	I not be listed as the
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)	
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 Scotmber 20 2016 Signature TRANSMANA THEMANA	
Signature // / / / / / / / / / / / / / / / / /	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
1	
trancesca Lucania	· · · · · · · · · · · · · · · · · · ·
(Typed or printed name of person signing)	
President	
(Title of person signing)	