P140000 50267

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(City/State/Zip/Phone #)				
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(Document Number)				
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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: 14000050267 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company ilon dellen bach 4 @ gmail-com E-mail address: (to be used for future abrual report notification) For further information concerning this matter, please call: at (954) 496-2594 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations**

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Dell En	erprises		
(Name of Corr	oration as currently	filed with the Florida Dept. of Sta	te)
P14000056	0267		
(1)	Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, this F	lorida Profit Corporation adopts the	e following amendment(s) to
A. If amending name, enter the new name of	the corporation:		
Deluxe Property & Land	Iscape Servi	ices	The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," of	e word "corporation, 'Corp," "Inc," or "C	" "company," or "incorporated" o". A professional corporation na	or the abbreviation .
B. Enter new principal office address, if applicable:	1002 Pine Br 9	۵۲	
(Principal office address <u>MUST BE A STREET</u>	<u>^ADDRESS</u>)	Weston, FL 333	7.1-
			~~~
·			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)	<u> </u>	
D. If amending the registered agent and/or re	egistered office addre	ss in Florida, enter the name of the	
new registered agent and/or the new regis	ered office address:		
Name of New Registered Agent	A/A		SA S
	' '/		20 7
	(Florida stree	et address)	
New Registered Office Address:		. Florida	
	(0	City)	"(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	ent. I am familiar wi	ith and accept the obligations of the p	
	Signature of New Re	vistered Avent, 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 <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.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	SV	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change		N/A	
Add		/	
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			<u> </u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		-	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
	,
·	
F. If an amendment provides for an exchange, reclassification, or caprovisions for implementing the amendment if not contained in to (if not applicable, indicate N/A)	ncellation of issued shares, he amendment itself:

The date of each amendment(s) adoption:	, if other than th
<u> </u>	
Effective date if applicable: August 16, 2016 (no more than 90 days after amendmen	t file date)
Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	quirements, this date will not be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	or the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the discontinuous contraction.	
"The number of votes cast for the amendment(s) was/were sufficient for approva	ı
by(voting group)	_,, _,
(voing group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder ac action was not required.	tion and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action action was not required.	and shareholder
Dated 08/16/2016	
Dated 08/16/2016 Signature 122	
(By a director, president or other officer – if directors or officer selected, by an incorporator – if in the hands of a receiver, trappointed fiduciary by that fiduciary)	
Dilon Dellenbach	
(Typed or printed name of person signing))
Dresident	

(Title of person signing)