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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Mulch Installations, Inc. NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: <u>lations</u>, Inc. City/ State and Zip Code For further information concerning this matter, please call: 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 Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to Articles of Incorporation of The Stall at Incorporation

ASW Mulch Insta	llations. Inc.	
(Name of Corporation as currently filed with the F	lorida Dept. of State)	
(Document Number of Corporation (i	f known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this	·	wing amendment(s) to
its Articles of Incorporation:		
A. If amending name, enter the new name of the corporation:		
N/A	y " "governmy " or "incomposated" or the	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "	'Co". A professional corporation name m	e appreviation ust contain the
word "chartered," "professional association," or the abbreviation "	P.A."	
B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)	<u>10/A</u>	
(i rincipal office dataess <u>in OST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable:	DA DOUCEAR	
(Mailing address MAY BE A POST OFFICE BOX)	40 150X 5505	<u>, abulu</u>
	Lake Worth, F	1 3340U
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the	_
new registered agent and/or the new registered office address		
Name of New Registered Agent V/A		
,		
(Florida sir	reet 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 v		
	viiii and accept the obligations of the position	<u></u>
Signature of New Registered A	Agent, if changing	FIL APR -6
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	——————————————————————————————————————	ED PR
	O;	

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: X Change	<u>PT</u>	John D	<u>loe</u>		
X Remove	<u>v</u>	Mike J	ones		
X Add	<u>sv</u>	Sally S	<u>mith</u>		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
l) Change	<u>V</u>	***	Jesus Aguilai	r	S&7 Tallulah Rd. Lantana FL 33462
Add			O		Lantana FL 33462
Remove					
2) Change		_		-	
Add					
Remove					
3) Change				•	
Add					
Remove					
4) Change		<u> </u>		-	
Add					
Remove					·
5) Change				_	
Add					
Remove					
6) Change	,				
				-	
Add					
Remove					

E. <u>If ar</u> (Atta	nending or adding additional Articles, enter change(s) here: ch additional sheets, if necessary). (Be specific)
(11144	N / A
	N/17
	,
,	
	· · · · · · · · · · · · · · · · · · ·
R. If an	amendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	visions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
	17/17
	

The date of each amendment(s) adoption: 04/01/2015	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more inan 90 days after amenament 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)	
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 04/01/2015	·
Signature (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)	
Melissa Wagner (Typed or printed name of person signing)	
Prosident (Title of person signing)	