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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PARADISE DESI	GN & LANDSCAPING C	ORP
DOCUMENT NUMB			
	f Amendment and fee are su	bmitted for tiling.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	OHNNY RAMIREZ		
-		Name of Contact Person	11
I	PARADISE DESIGN & LA	NDSCAPING CORP	
-		Firm/ Company	
	4551 VILMA LANE		
-		Address	
	WEST PALM BEACH FLO	RIDA 33417	
-		City/ State and Zip Cod	e
For further information	concerning this matter, pleas	se call:	
JOHNNY RAMIREZ		561 at (de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$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)
Amer Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Cliftor 2661 F	Address Iment Section on of Corporations i Building Executive Center Circle assee, F1, 32301

Articles of Amendment to Articles of Incorporation of

PARADISE DESIGN & LANDSCAPING CORP

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P14000059361	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Na	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	NA
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	ात ई हि
	No. and Special Specia
C. Enter new mailing address, if applicable:	Sign of the
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	—————————————————————————————————————
	<u>. </u>
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	
Name of New Registered Agent	
/Elswi les	treet address)
a normalis	n eer aan ess)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familial	
Therety accept the approximent as registered agents. The familiar	The track the Configuration of the following
,)	
NA	
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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith. SV as an Add.

Example: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	Vp	CARLOS H NUNEZ	316 GREENBRIER DR
X Add			PALM SPRING FLORIDA 33461
Remove			
2) Change			
Add			
Remove			
3.) Change		_	
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
	
. If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N A)	
N/A	

08/09/2017			
The date of each amendment(s) adoption:late this document was signed.		if othe	er than the
08/09/2017			
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 w locument's effective date on the Department of State's records.	all not	: be lis	ated as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)			
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 east for the amendment(s) was/were sufficient for approval		17	
by"		A	7
(voting group)		<u>G</u>	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	र्जुट : च च -	A:	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.		AH II: 10	
08/09/2017 Dated	•		
Signature *			
(By a 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)			
JOHNNY A RAMIREZ			
(Typed or printed name of person signing)			_
PRESIDENT			

(Title of person signing)