## PIUOORBE

(Red	questor's Name)	
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(Doc	cument Number)	
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R. WHITE APR 11 2018 18 APR -9 AH 9: 53

## **COVER LETTER**

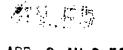
**TO:** Amendment Section Division of Corporations

t<sub>e</sub> d

P.

NAME OF CORPOR	ATION: Precision Care Law	vn & Landscaping Inc.	
DOCUMENT NUMBI			
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
F	Rob Humphrey		
_		Name of Contact Person	1
_		Firm/ Company	
4	156 N. Indianriver Dr		
	lernando Fl. 34443	Address	
<u>-</u>	Ternando F1. 34443	City/ State and Zip Code	
contact	@citruslawn.com	Only State and Esp Cod	•
-	_	sed for future annual report	notification)
For further information Rob Humphrey	concerning this matter, pleas	se call: _352	<b>, 4001048</b>
	f Contact Person	at (	de & Daytime Telephone Number
	the following amount made		,
□ \$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	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Precision Care Lawn & Landscaping Inc.

18 APR -9 AM 9: 58

(Name of Corporation	on as currently filed with the Florida Dept. of State)
P14000080321	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
Citruscapes Inc,	The new
	d "corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>X</u> )
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
nos nogoto en office namess.	(City) (Zip Code)
New Registered Agent's Signature, if changing Regil I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
Sione	sture of New Revistored 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 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	PT	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1)Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		<del></del>		
Add				
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4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		_		
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	The state of the s
The second secon	
	<del> </del>
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

The date of each amendment(s)	adoption:, if other than the
date this document was signed.	10/00/0
Effective date if applicable:	18/2018
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	"
- / <u></u>	(voting group)
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder
4/4/2011 Dated	3
selec	director, president or other officer if directors or officers have not been ted, by an incorporator – if in the lands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Rob Humphrey
	(Typed or printed name of person signing)
	President
	(Title of person signing)