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COVER LETTER

TO: Amendment Section **Division of Corporations** SZ LANDSCAPING INC. NAME OF CORPORATION: P15000039088 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LEONEL J SAAVEDRA Name of Contact Person SZ LANDSCAPING INC. Firm/ Company 732 ELM RD Address WEST PALM BEACH, FL 33409 City/ State and Zip Code LEOSAAVEDRA78@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LEONEL J SAAVEDRA 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 □\$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

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

	Articles of Am	endment		,	4
	to		ě	50 T	100 K
	Articles of Incor	poration		16 65 G	مستني
SZ LANDSCAPING INC.					
	rporation as currently	filed with the Florida	Dept. of State)	- Fab: - Sa-	瑟.
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	(Document Number of C	corporation (11 known)		ý. Si	السول
ursuant to the provisions of section 607.1006 s Articles of Incorporation:	, Florida Statutes, this Fi	lorida Profit Corporati	on adopts the fo	llowing amendmen	nt(s) to
. If amending name, enter the new name o	of the corporation;				
ML GUTTERS SERVICES INC				T I	
ame must be distinguishable and contain a Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	"Corp," "Inc," or "C	o". A professional co	corporated" or rporation name	The new the abbreviation must contain the	
B. Enter new principal office address, if ap Principal office address MUST BE A STRE					
 Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) . If amending the registered agent and/or new registered agent and/or the new reg 	(CE BOX) registered office addre	ss in Florida, enter the	e name of the		
Name of New Registered Agent					
Ivame of New Registered Agent					
_	(Florida stree	t address)			
Non Designation of Control of the Control			Dlamida		
New Registered Office Address:	((City)	, Florida	(Zip Code)	
New Registered Agent's Signature, if chang hereby accept the appointment as registered		th and accept the oblig	ations of the pos	sition .	
	C'	nistared Agent if chang			

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		-		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		<u> </u>
Add				
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	dding additional A sheets, if necessary). (Be specific)			
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	mplementing the an	<u>nendment if not c</u>	ontained in the am	endment itself:	<u>es.</u>
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The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable:
(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 not be listed as the document's effective date on the Department of State's records.
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 cast for the amendment(s) was/were sufficient for approval
by" (voting group)
(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.
11/13/2015 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)
LEONEL J SAAVEDRA
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

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