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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DUPONT LANDSCAPGIN OF THE PALM BEACHES	NC.	
DOCUMENT NUMBER: P15000040642		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
MIGUEL HERNANDEZ		
Name of Contact Person		
Firm/ Company		
730 AVON ROAD	•	
Address		
WEST PALM BEACH, FI.		
City/ State and Zip Code	_	
JVOLATILE@PRODUCTIONDIVISION.COM		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
MIGUEL HERNANDEZ at (561 319-028)	0	
Name of Contact Person Area Code & Daytin	ne Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of St	ate:	
(Additional copy is Certifie	ate of Status d Copy onal Copy	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Z661 Executive Ce	ations nter Circle	

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Articles of Amendment to Articles of Incorporation of

DUPONT LANDSCAPING OF THE PALM BEACHES INC.

DUFUNI EANDSCAFING OF THE PA	LIVI BEACHES INC.	
(Name o	of Corporation as currently	filed with the Florida Dept. of State)
P15000040642		
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:	
		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the P.A."
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>	if applicable: TREET ADDRESS)	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	cable:	
intuining unuress prat DD A 1 001	OTTICE BON	
D. If amending the registered agent an new registered agent and/or the new	d/or registered office addre v registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	MIGUEL HERNANDEZ	
	730 AVON ROAD	
	(Florida stree	et address)
New Registered Office Address:	WEST PALM BEACH	, Florida 33401
	(1	(City) (Zip Code)
Now Deviatewell & month Cimphone if a	hausing Desistaved Agents	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	nanging Registered Agent: ered agent—Leoi familiar wi	ith and accept the obligations of the position.
, , ,,	$(20)^{2}$	
121	X//h -/)
, <u>-</u>	Signature of Nov. Do	egistered 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)

Example:

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.

X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) Change	P	JORIE VOLATILE	730 AVON ROAD	
Add			WEST PALM BEACH, FL 33401	
X Remove				
2) X Change	P	MIGUEL HERNANDEZ	730 AVON ROAD	
Add			WEST PALM BEACH, FL 33401	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)	<u>,</u> -		
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	_ _			
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassificatio idment if not contai	n, or cancellation ined in the amendi	of issued shares, nent itself:	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does a document's effective date on the Department of	not meet the applicable statutory filing requirements, this date will not be listed as the State's records.
Adoption of Amendment(s) (CI	IECK ONE)
■ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendment(s) approval.
	e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the amo	ndment(s) was/were sufficient for approval
by	
(vc	ting group)
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder
05/03/2017 Dated	
Signature	
selected, by an inc	pident or ther officer – if directors or officers have not been or
MIGUEL	TERNANDEZ
	(Typed or printed name of person signing)
PRESIDE	NT

(Title of person signing)