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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: R & T LANDSCAP	ING CORP	
DOCUMENT NUMBER: P15000050091		
The enclosed Articles of Amendment and fee are sub-	nitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
MIGUEL E ORTIZ		
	Name of Contact Persor)
R & T LANDSCAPING CORE		
	Firm/ Company	
7125 MIAMI LAKES DR APT	`Q26	
	Address	
MIAMI LAKES, FL 33014		
	City/ State and Zip Code	
rtlandscaping20@hotmail.com		
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
MIGUEL E ORTIZ	at (<u>305</u>	780-3020
Name of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check for the following amount made pa	yable to the Florida Depa	rtment 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)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Street Address

Amendment Section Division of Corporations Clifton Building

Articles of Amendment to Articles of Incorporation of

FILED

R & T LANDSCAPING CORP

(Name of Corporation as curre	ently filed with the Florida Deptiof State) A 9: 31
P15000050091	Edia tini
(Document Number	er of Corporation (if known) ARE AHABBER, FLORIDA
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	<u>r</u>
R & T MAINTENANCE SERVICE CORP	The new
name must be distinguishable and contain the word "corpore "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," o word "chartered," "professional association," or the abbreviation	ation," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office a	address in Florida, enter the name of the
new registered agent and/or the new registered office addi	ress:
Name of New Registered Agent N/A	
(Floride	a street address)
N/A	
New Registered Office Address:	, Florida (City) (Zip Code)
	(5),
New Registered Agent's Signature, if changing Registered Age	
I hereby accept the appointment as registered agent. I am famili	ar with and accept the obligations of the position.
Signature of Ne	w 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 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.

Mike Jones, V as Remove Example:	e, and Sa	lly Smith, SV as	an Add.		
X Change	<u> 174</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Nam</u>	<u>ie</u>		Address
1) Change		N/A			
Add					
Remove					
2) Change					
Add					·
Remove					
3) Change					 4
Add					
Remove					
4) Change					
Add					
Remove					
5) Change				·	
Add					
Remove					
6) Change					
Add					
Remove					

E. If amending or a	dding additional Arti sheets, if necessary).	cles, enter change(s) <u>here</u> :			
N/A	sneets, tj necessary).	(ве ѕресілс)				
						
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F. If an amendment	provides for an excha	inge, reclassification	on, or cancellation	on of issued shar	es,	
provisions for in	oplementing the amen able, indicate N/A)	dment if not conta	ined in the amer	ndment itself;	, 	
N/A	wie, matat with					
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N/A The date of each amendment(s) adoption:
date this document was signed.
N/A 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 will not be listed as the document's effective date on the Department of State's records.
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 05/01/2019
Signature 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)
MIGUEL E ORTIZ
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)