(Re	equestor's Name)	
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(Bı	usiness Entity Name))
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Salgado lawn services and landscaping con
DOCUMENT NUMBER: P150000 52024
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
EVeria Salgado Name of Contact Person
EVeria Salgado Name of Contact Person Salgado lawn Services and land scaping Corp. Firm/Company Address
4800 SW 15 St
Address
Ft laudeidale fl 33317 City/State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
EVELIG Salgado at (954) 531-8400 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 Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

Salgado lawn selvices of (Name of Corporation a	and landscap	Ping COIP	· · · · · · · · · · · · · · · · · · ·
1) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		e Florida Dept. of State)	
(Document)	Number of Corporation	(if known)	
(Document	Number of Corporation	(II KIIOWII)	
Pursuant to the provisions of section 607.1006, Florida Statist Articles of Incorporation:	ntutes, this Florida Profit	Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the corpo	orat <u>ion:</u>		
			The new
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp," " word "chartered," "professional association," or the abb	'Inc." or "Co". A profe	y," or "incorporated" or essional corporation name	the abbreviation must contain the
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u> </u>		
	-		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
[g			
D. If amending the registered agent and/or registered		a, enter the name of the	
new registered ag ent and/or the new registered of fi	ice aduress:		
Name of New Registered Agent		<u> </u>	
	(Florida street address)		
New Registered Office Address:	(Citv)	, Florida_	17:- C- 1.1
	(Cuy)		(Zip Code)
New Registered Agent's Signature, if changing Registe			
I hereby accept the appointment as registered agent. I ar	m familiar with and accep	of the obligations of the po	sition.
			75 G
			AUG
Signatui	re of New Registered Age	ent, if changing	<u> </u>
			. w <u>-</u>

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.

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Example: X Change	PT	<u>John Do</u>	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	mith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	_6	_	ABEL RAMIYEZ	Fortlanderdale II. 3331
Add X _Remove				4011-model Gaic 211 3221
2) X Change Add	P		EVELIA SALGADO	4800 SW 15 St fortlanderdale \$1,33317
Remove				
3) Change	-			
Remove				
4) Change		_		
Add Remove				
5) Change				
Add Remove				
6) Change				
Add				
Remove				

	ets, if necessary)	. (Be specific)	nge(s) here:			
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The date of each amendment(s) adoption:	if other than the
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 da document's effective date on the Department of State's records.	te will not be listed as the
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.	š)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statements be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes east 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.	≎ा
Signature Signature Substitute Signature Sign	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	