## P15000073198

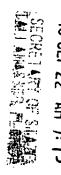
(Re	questor's Name)	····
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MAN

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: GREEN SOD SOI	UTIONS INC	
DOCUMENT NUMI	BER:P15000073198		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	JESUS OCHOA		
		Name of Contact Pers	son
	GREEN SOD SOLUTIONS	INC	
		Firm/ Company	
	3215 21ST STREET CT E	•	
		Address	
	PALMETTO, FL 34221		
		City/ State and Zip Co	ode
	^	OLANIA	LA FELIX à hot MAIL. C
	E-mairaduress. (10 00 us	sed for future annual repo	ort notification)
For further informatio	n concerning this matter, pleas	se call:	
JESUS OCHOA		941 at (	812-1324 Code & Daytime Telephone Number
Name of Contact Person		Area (	Code & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida De	epartment 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)
Ame Divi P.O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ame Divis Clift	et Address  ndment Section  sion of Corporations  on Building  Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation of

GREEN SOD SOLUTIONS INC

( <u>Name</u>	of Corporation as curre	<u>ntly filed with the Florida D</u>	Dept. of State)	
P15000073198				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation	n adopts the following amendment(s) to	
A. If amending name, enter the new na	ame of the corporation:			
COMPLETE SOD SOLUTION INC			The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered." "professional associa	ation "Corp," "Inc," or	"Co". A professional corp	orporated" or the abbreviation	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3215 21ST STREET C	3215 21ST STREET CT E	
		PALMETTO, FL 34221		
		3215 21ST STREET CT E		
		PALMETTO, FL 34221		
D. If amending the registered agent an new registered agent and/or the new			name of the	
Name of New Registered Agent	IESTIS OCHOA			
	3215 21ST STREET CT E			
	(Florida street address)			
New Registered Office Address:	PALMETTO		, Florida	
		(City)	(Zip Code)	

Signature of New 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.

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	<del></del>	_		
Add			, 	
Remove				
6) Change				
Add			<del></del>	
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
I AM AMENDING THE NAME OF THE CORPORATION TO (COMPLETE SOD SERVICES INC)
ALL OTHER REMAIN THE SAME.
THANK YOU
JESUS OCHOA
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)  N/A

	09/17/2015	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
-	9/17/2015	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this of Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	t(s)
	approved by the shareholders through voting groups. The following staten for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
, <u></u>	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharehold	der
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
09/17/20	015	
Dated		•
Signature	Loon Ox hos	
	a director, president or other officer - if directors or officers have not been	n
sele	cted, by an incorporator - if in the hands of a receiver, trustee, or other co	urt
appe	pinted fiduciary by that fiduciary)	
	JESUS OCHOA	
	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	