P15000098004

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AUG 1 5 2018 I ALBRITTON

#### COVER LETTER

TO: Amendment Section Division of Corporations

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DOCUMENT NUMBER: \_\_\_\_\_

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LYDIA DIAZ

Name of Contact Person

SUNSTATE IRRIGATION & LANDSCAPING INC .

Firm/ Company

19806 SW 130 AVE

Address

MIAMI, FLORIDA 33177

City/ State and Zip Code

sunstateial/d/gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call;

 LYDIA DIAZ
 at (305)
 299-1313

 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 & Certificate of Status S43.75 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 Tallahassee, FL 32314 Street Address

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

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#### Articles of Amendment to Articles of Incorporation of

SUNSTATE IRRIGATION & LANDSCAPING INC -

#### (Name of Corporation as currently filed with the Florida Dept. of State)

P15000098004

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607,1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

#### A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp." "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A,"

#### B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

C. D.	(Mailing address <u>MAY<sup>3</sup>BE A POST</u>	<u>OFFICE BOX</u> )	A So Control C		
	Name of New Registered Agent				
		19806 SW 130TH AVE RD			
		(Florida street address)			
	<u>New Registered Office Address:</u>	МІАМІ	Florida_33177		
		(City)	(Zip C	ode)	

#### New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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;  $T \in$  Treasurer; S = Secretary;  $D \in$  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:

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<u>X</u> Change	<u>PT</u>	John Doe	
<u>X</u> Remove	$\frac{M}{2}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VP	LINO DIAZ	19806 SW 130TH AVE
X Add			MIAMI, FL 33177
Remove			
2) Change	•		
Add			
Remove			
3 F Change	·		
Add			
Remove			
4) Change	·		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

# E. <u>If amending or adding additional Articles, enter change(s) here</u>: (Attach *additional sheets, if necessary).* (Be specific)

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n/A
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)

The date of each amendment(s) ad date this document was signed.	option:, if other than th
-	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this bl document's effective date on the Dep	lock does not meet the applicable statutory filing requirements, this date will not be listed as th partment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were adop by the shareholders was/were sut	pted by the shareholders. The number of votes cast for the amendment(s) fielent for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted action was not required.	pted by the incorporators without shareholder action and shareholder
08/02/2018	
Dated	
Signature	France O Ok
	rector, president or other officer - if directors or officers have not been
	i, by an incorporator – if in the hands of a receiver, trustee, or other court
appointe	ed fiduciary by that fiduciary)
	LYDIA DIAZ
-	(Typed or printed name of person signing)
-	(Typed or printed name of person signing) PSD

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