P1600017976

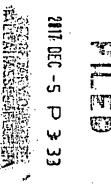
(F	Requestor's Name)	
(A	Address)	
(<i>F</i>	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(C	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	_
		1 2 2

Office Use Only



000306186720

12/05/17--01030--012 **35.00



DEC 0 6 2017 T. LEPMEUX

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: # 1 Lands Caping & Professional Chaning	Services The
DOCUMENT NUMBER: P16000017976	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
WilfRid DOR Name of Contact Person	•
Firm/ Company 10913 Gantry Street Address	
BOCA KOTON, FL 33064 City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Mauselie Dor at (561) 306-5049 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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)	
Mailing Address Street Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

	Articles of Incorp	oration	12117: DEC -5	D 3
# 1 Landscaping & Pri	of Description of 1 Descript	Heaning Servi	QSID ACT	
P1600	. ^ 4	,	* .	The state of the s
	ocument Number of Co	orporation (if known)		·
Pursuant to the provisions of section 607.1006, Fleits Articles of Incorporation:	orida Statutes, this Floa	rida Profit Corporation ad	lopts the following amo	endment(s) t
A. If amending name, enter the new name of the	<u>ie corporation:</u>			
# 1 LandsCapin name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Corp. or "Contain the contain th	Corp," "Inc," or "Co"	". A professional corpora	rated" or the abbrev	
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)	able: 4DDRESS)	1001 East S IompanoBea	ample Rd# ch FL 330	9E 64.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>BOX</i>)	10913 Gan Boca Rati	try Street on, PL 334	— <u>-</u> 128
D. If amending the registered agent and/or reg new registered agent and/or the new register		in Florida, enter the nan	ne of the	
Name of New Registered Agent	A	7/A		
	(Florida street a	address)	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	\mathcal{N}	17	, Florida	
	(Cit	y)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		and accept the obligation	s of the position.	
		U/A		
•	Signature of New Regis	stered 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.

Example: 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	VP	Heedley M. DOR	10913 Gantry street
X Add		Ý	Boca Raton, FL
Remove			33428
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			·
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
. 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)
1
) · /

The date of each amendment(s) adoption:, if other than the
date this document was signed.
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 date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (<u>CHECK ONE</u>)
☐ 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
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 November 30th, 2017 Signature Calfud FOR
Signature Calified FOR
(by a director, president of other other – if directors of others have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
WILFRID DOR
(Typed or printed name of person signing)
- Resident
(Title of person signing)