P16000021944

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: SPRING	1 LANDSCAPI	NG SERVICES INC.
DOCUMENT NUMBE	r: <u>P16000</u>	0027944	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
_	86898 W	Firm/ Company ORTHINGTON Address	DRIVE
_	YUL	EE, FL 3209 City/ State and Zip Code	7
Sj	Oring lands capin E-mail address: (to be us	g - 16 @ amail and for future annual report	notification)
For further information c	oncerning this matter, pleas	se call:	
Josefa Name of	Rodriguez Contact Person	at (<u>904</u> Area Co	_) <u>583 6346</u> de & Daytime Telephone Number
Enclosed is a check for the	ne following amount made	payable to the Florida Depa	artment 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 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SPRING	LANDS(APING	SERVICES. INC.
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(Name of Corporation as cut	rrently filed with the Florida I	Dept. of State)	
P16000027	944		
	nber of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes its Articles of Incorporation:	, this <i>Florida Profit Corporatio</i>	on adopts the following amend	dment(s) to
A. If amending name, enter the new name of the corporation	on;		
name must be distinguishable and contain the word "corpo "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbrevia	' or "Co". A professional cor		tion
B. Enter new principal office address, if applicable:		<u>. </u>	_
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		~.1	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		name of the	FILED -
Name of New Registered Agent			
(Flor	ida street address)		
New Registered Office Address:		, Florida	<u></u>
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam		itions of the position.	
Signature of l	New Registered Agent, if changi	ing	

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>	<u>John De</u>	<u>)e</u>		
X Remove	<u>V</u>	Mike Jo	<u>nes</u>		
X Add	<u>sv</u>	Sally Sr	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address
1) X Change	PD	<u>) </u>	LUIS	RODRIGUEZ-GUERRERO	0 86898 Worthington
Add					YULEE, FL 32097
Remove					
2) Change		_			
Add					
Remove					
3) Change	<u> </u>	_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		_ _			
Add					
Remove					<u></u>

(Attach additional sheets, if	necessary).	cles, enter chai (Be specific)				
						
					<u> </u>	<u></u> .
						
	 					
						<u>-</u>
	,					
				<u>-</u> .	<u>-</u>	
						
						
					-	
If an amendment provides	s for an excha	ange, reclassifi	cation, or can	cellation of iss	ued shares.	
provisions for implement	ing the amen	idment if not c	ontained in th	e amendment	itself;	
(if not applicable, indi	icate N/A)					
				·		
	-					
						
		<u> </u>				

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)	
(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 dedocument's effective date on the Department of State's records.	ite 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(by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statements the separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"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 shareholde action was not required.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature Markey 1	
Aby 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 courappointed fiduciary by that fiduciary)	rt
JOSEFA RODRIGUEZ	
(Typed or printed name of person signing)	
TREASURER SECRETARY DIRECTOR (TS	(03
(Title of person signing)	