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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Above the Link Yard Maintenance & Pointing Enterprises Inc
DOCUMENT NUMBER: P14.000029424
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joseph Carpenella I Allen Riggins Name of Contact Person
Above the Limb land Maintenance Sounting Enterprises Inc.
2438 Coolidee Street
Hollywood F/ 37020
City/ State and Zip Code Office of 1984 O grading Com E-mail address. (to be used for future annual report notification)
For further information concerning this matter, please call:
Allen Riggins at (984) 393-3399 Same 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) \$35 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
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Above the Link Yard Maintenance & Pa	ainting Enterprises I			
(Name of Corporation as currently	filed with the Florida Dept. of State)		
P16000029629				
(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Cloridu Profit Corporation adopts the f	ollowing a	amendment	(s) to
A. If amending name, enter the new name of the corporation:				
About the Link Property Maintenance name must be distinguishable and contain the word "corporation,	Fnc.		The new	
"Corp.," "Inc.," or Co" or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "F	Co". A professional corporation name			
B. Enter new principal office address, if applicable:	2438 Coolidge St.			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Hollywood, Fl. 33020			
		<u> </u>		
C. Enter new mailing address, if applicable:			-m	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	<u> </u>	
			<u>-</u> -	
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the	新さ	Ω [Σ	
new registered agent and/or the new registered office address:		∑:> ```	Ċ	
Name of New Registered Agent				
(Florida stree	et address)			
New Registered Office Address:	, Florida_			
(City)	(Zip Cod	de)	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the po	sition.		
Signature of New Re	gistered 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 = Trustce; 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			
Add			
Remove			
2) Change			
Add		_	
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add	_		
Remove			
5) Change		-	
Add			
Remove			
6) Change			
Add			
Remove			

(Attach addit	or adding addition ional sheets, if necessional sheets, if necession in the contract of the co	nai Articies, ento essary). (Be spe	er change(s) nei ecific)	<u>c</u> .		
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If an amend	ment provides for for implementing	an exchange, re-	classification, o	r cancellation of	issued shares,	
(if not a	applicable, indicate	: N/A)	II HOC COMMINCO	ni tite amendine	at usen.	
UA						
• .						
				<u> </u>		
						
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: $\frac{2/9/17}{(no more than 90 days after amendment file date)}$	
i j (no more than 90 days after amenament fue date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this d document's effective date on the Department of State's records.	ate 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 statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"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 sharehold action was not required.	ler
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 2/9/20/7	
Signature	
(By 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 countries of the countries of	
appointed fiduciary by that fiduciary)	
(Typed or primed name of person signing)	
Vice President	
(Title of person signing)	

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