## P1600034966

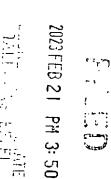
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION:	BFI	AM Lands	scaping Inc	
DOCUMENT NUMBER:	P160	00034966	·	
The enclosed Articles of Amenda	nent and fee are su	bmitted for filing		
Please return all correspondence	concerning this ma	tter to the following:		
	72(	Name of Contact Perso	Folkner II	
BHAM Landscaping Inc 955 Kerry Prive				
Sebring, FL 33870  City/ State and Zip Code				
E-ma	bfam/d daddress: (to be us	and SCAP in a good for future annual report	motification)	
For further information concerning	ng this matter, pleas	se call:		
Anthony R	Folkne	<u>VII</u> at ( <u>765</u>	, 215-8404	
Name of Contact	Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the follow	ving amount made	payable to the Florida Dep	artment of State:	
	3.75 Filing Fee & tificate 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 Addre Amendment Se Division of Co P.O. Box 6327 Tallahassee, Ft	ction porations	Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	
		Tallah	assee, FL 32303	

## Articles of Amendment

	Articles of Am	endment		4	
	to Articles of Inco	rporation		*****	
BEAV	M Land.	scaping	Inc	2023 FEB 21	PH 3: 50
		filed with the Florida D	ept. of State	No. 2555	. ~
Pl	6000349	56		Tallin is	JEE BIE
(Do	cument Number of	Corporation (if known)			
Pursuant to the provisions of section 607,1006, Floits Articles of Incorporation:	orida Statutes, this F	lorida Profit Corporatio	adopts the fi	ollowing amendn	nent(s) to
A. If amending name, enter the new name of th	e corporation:				
				The ne	ъ'
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "L "chartered," "professional association," or the ab	nc," or "Co". A	mpany," or "incorporate professional corporation	d" or the abb name must	reviation "Corp contain the wor	.'' rd
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>		_			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)				
D. If amending the registered agent and/or reginew registered agent and/or the new register		ss in Florida, enter the	name of the		
Name of New Registered Agent					
	(Florida stree	et autdanes)	<del></del>	<del></del>	
	(Fiorida sire)	a adaress)			
New Registered Office Address		City)	, Florida_	(Zip Code)	
	•			(ap ( au)	
New Registered Agent's Signature, if changing labels the language of the Agent's Proposition of the Agent's Registered agent as registered agent as registered agent age		th and accept the obligat	ions of the po	sition.	
S	ignature of New Reg	zistered Agent, if changin	18	<del></del>	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP/D	Katrina M. Folkner	955 Kerry Drive
X Add	·		Sebring, FL 33870
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change		*****	<del></del>
Add			
Remove			
5) Change			
Add			<del></del>
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
•	
<del></del>	
	<del> </del>
<u>-</u>	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
	<u> </u>

\_\_\_\_\_, if other than the The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: 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) (CHECK ONE) ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. 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 east for the amendment(s) was/were sufficient for approval (voting group) 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 court appointed fiduciary by that fiduciary) ANTHONY FOLKNER, II (Typed or printed name of person signing)

(Title of person signing)