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(F	Requestor's Name)	
(/	Address)	
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(0	City/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(I	Business Entity Name)	
(1	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	
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C. GOLDEN SEP 1 2 2019

COVER LETTER

TO: Amendment Section

Division of Corporat	ions		
NAME OF CORPORA	rion:	tal Best	Landscaping Inc
DOCUMENT NUMBER	« <u> </u>	041017	J
The enclosed Articles of .	Amendment and fee are sul	bmitted for filing.	
Please return all correspo	ndence concerning this materials and the second sec	Name of Contact Person Firm/ Company Address	ich Partners Inc xie Hwy 109 3458
For further information co	oncerning this matter, pleas	ed for future annual report	ortners.com
Name of C	Contact Person	at (56)	SZS 4923 ode & Daytime Telephone Number
	e following amount made r		
□ \$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)
Amend Divisio	g Address ment Section n of Corporations ox 6327	Amen Divisi	t Address dment Section on of Corporations n Building

Tallahassee, FL 32314

2661 Executive Center Circle

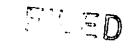
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of



Costal Best	Landscoping Inc 2019 SEP - 3 PM 5: 10
(Name of Corporation as cur	rently filed with the Florida Dept. of State)
Plano	0041017
(Document Num	ber of Corporation (if known)
(**************************************	or corporation (it times in)
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporatio	<u>n:</u>
Constal Rasi	+ Landscoping Inc The new
name must be distinguishable and contain the word "corpo	ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/4.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A.
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name, of New Registered Agent \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	A ·
(Flori	ida street address)
New Registered Office Address:	, Florida (City)
	TCA,
New Registered Agent's Signature, if changing Registered A	
I hereby accept the appointment as registered agent. I am fam.	thar with and accept the obligations of the position.
Signature of A	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 = 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		- 4/4	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			******
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

1 la	nal sheets, if necessa				
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provisions for	ent provides for an implementing the plicable, indicate N/2	amendment if not c	ication, or cancell: ontained in the ar	ation of issued shar nendment itself:	res,
- (,					

The date of each amendment(s) adoption: 8/6/19	if other than the
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 document's effective date on the Department of State's records.	not be listed as the
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" (voting group)	
rvoung group)	
☐ 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 8 6 19 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)	
Jacobo Domingo Kamirez	
(Typed or printed name of person signing)	
Owner/ Busident	
(Title of person signing)	