P16000041012

(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(r.u.	u1033)	
		·-
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	 ne)
(00	cument Number)	
(50	ournelle Hamboly	
- 40		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
··		





700357492367

01/08/21--01036--002 **43.75

brumo

COVER LETTER

TO: Amendment Section Division of Corporations DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: 561 , 529-4923

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **2**\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee ☐ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status

(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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Certified Copy (Additional Copy

is enclosed)

Tallahassee, FL 32303

Articles of Amendment

to Articles of Incorporation

of	
Coastal Best Landscaping Inc	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P 160000 41012	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following a its Articles of Incorporation:	amendment(s) to
A. If amending name, enter the new name of the corporation:	
N A	he new
name must be distinguishable and contain the world "corporation," "company," or "incorporated" or the abbreviation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the contain th	"Corp.," the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
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 address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent A	
(Florida street address)	
New Registered Office Address:, Florida	le)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	्रा 21 JAN - 9
Signature of New Registered Agent, if changing	ည်
Charle if applicable	· ·
Check if applicable [] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.	1 9: 43

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)

____ Remove

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	
\underline{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	5	Ancelmo Domingo Ramirez	410 N Loxahatchee S Jupiter Fl 33458
Remove			
2) Change			**************************************
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

I/A				
				
				<u> </u>
	•			
				
			 -	
		<u></u>		
		·		
				
amendment provides for an excha	inge, reclassification	<u>, or cancellation of is</u>	sued shares,	
visions for implementing the amen (if not applicable, indicate N/A)	dment if not contain	ied in the amendmen	t itseji:	
<u>B</u> .			-	
		·		
·				
				

•

The date of each amendment(s) adoption:	(07/01/2020	, if other than the
The date of each amendment(s) adoption: date this document was signed.		. If other than the
Effective date <u>if applicable</u> :	0701 2020	
	(no more than 90 days after amend	lment file date)
Note: If the date inserted in this block does document's effective date on the Department		ng requirements, this date will not be listed as the
Adoption of Amendment(s) (9	CHECK ONE)	
The amendment(s) was/were adopted by taction was not required.	he incorporators, or board of directors v	without shareholder action and shareholder
☐ The amendment(s) was/were adopted by t by the shareholders was/were sufficient for		east for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each voti		
	nendment(s) was/were sufficient for ap	
by	voting group)	
(1	coling group)	
Dated <u>O7 0</u>	2/2020	
Signature		
selected, by an in	resident or other officer – if directors or ncorporator – if in the hands of a receiv ary by that fiduciary)	
	(Typed or printed name of person sig	
	(Typed or printed name of person sig	ning)
	VP	
	(Title of person signing)	