## P16000096127

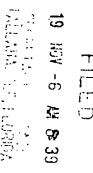
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: ROSALES LANDS	SCAPING OF BREVARD	INC
DOCUMENT NUMBE			
	Amendment and fee are sul	omitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	
R	ODNEY S WHITE CPA		
_		Name of Contact Person	
R	ODNEY S WHITE CPA		
_		Firm/ Company	
4	650 LIPSCOMB ST NE, SU	JITE 20	
<del></del>		Address	
P	ALM BAY, FL 32905		
		City/ State and Zip Code	3
RODW	HITECPA@EARTHLINK.	NET	
	E-mail address: (to be us	ed for future annual report	notification)
For further information of	concerning this matter, pleas	e call:	
RODNEY S WHITE C	PA	at (	728-9366
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made p	payable to the Florida Depa	rtment 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 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

ROSALES LANDSCAPING OF BREVARD, INC

ROSALES LANDSCAPING OF BREVARD, INC						
(Name of Corporation a	as currently filed v	with the Florida Dep	t. of State)			
P16000096127						
(Document	Number of Corpor	ration (if known)	<del></del>			
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	atutes, this Florida	Profit Corporation a	dopts the fol	lowing	amendr	nent(s
A. If amending name, enter the new name of the corpo	oration:					
				7	The ne	<b>ምኒ</b> ሪ
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the abb	"Inc," or "Co". A			the abb	reviati	on
B. Enter new principal office address, if applicable:				<u> </u>	1.9	_
(Principal office address MUST BE A STREET ADDRE	ESS)	<u>-</u>			<u>z</u>	
						- 77
				<del></del>		- (-U
C. Enter new mailing address, if applicable:				<u> </u>	3	Ö
(Mailing address MAY BE A POST OFFICE BOX)					<del>@</del> -	-
					မ္မ	_
				,-		-
			<del></del>			-
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		lorida, enter the na	me of the			
new registered agent andor the new registered on	ice address.					
Name of New Registered Agent						
	(Florida street addre	ess)				
New Registered Office Address:			_, Florida			_
	(Ciţv)			(Zip Co	de)	
New Registered Agent's Signature, if changing Registe	ered Agent:					
I hereby accept the appointment as registered agent. I as		d accept the obligation	ns of the pos	ition.		
Signatu	ore of New Registers	ed 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.

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) X Change	<u>T</u>	TEOTIMO ROSALES	804 KANAWA ST
Add			MELBOURNE FL 32901
Remove			
2) X Change	D	ANTONIO ROSALES	804 KANAWA ST
Add	<u>-</u>		MELBOURNE FL 32901
Remove			<del></del>
3 ) Change	P	NOE ROSALES	804 KANAWA ST
XAdd			MELBOURNE FL 32901
Remove			
4) Change	VPS	ZURISADAI LANGHORNE	804 KANAWA ST
X Add			MELBOURNE FL 32901
Remove			
5) Change			
Add			
Remove			
6) Change		<del></del>	
Add			
Remove			

If amending or add Attach additional si	neets, if necessary).	(Be specific)	<del></del> .			
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						<u> </u>
provisions for imp	provides for an exc plementing the am	nange, reciassifi endment if not c	cation, or cancell ontained in the a	mendment itself:	iares,	
(if not applica	ible, indicate N/A)					
•			· ·· ·			
<u>.</u>						<del></del>
	-					

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)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this dadocument'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 statements that 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)	
(voting group)	
■ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	er
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
11/1/2019	
Dated	
(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 cou appointed fiduciary by that fiduciary)	rt
ZURISADAI LANG HONSE  (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
$\frac{VP - S \in (N \in TAA)}{\text{(Title of person signing)}}$	
(Title of person signing)	_