P17000011373

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(Address)				
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COVER LETTER

SECRETARY OF SITE STATES OF STATES O

TO: Amendment Section Division of Corporations 2010 JUL 19 AM 11: 50

SUBJECT: Palm Gardens Landscaping Corp.					
DOCUMENT NUMBER: <u>P17000011373</u>					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Jorge Lopez Garalez					
Palm Gardens Landscaping Corp					
12401 W Okeech bee Rd					
Hialeah, FL 33018 Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Jorge Lopez Contact Person at (305) 490-7857 Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of State.					

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

CR2L045303/325

Articles of Amendment to Articles of Incorporation of

THE BOUND THE SALE OF STATE OF

2818 JUL 19 AM 11: 50

(Name of Corporation as currently filed with the Florida Dept. of State)
Palm Gardens Landscaping Corp. P1700001137
(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 amendment(s) t its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or "Co". A projessional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)
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 Joyce Long Connador
12401 W Okee chobse Rd
New Registered Office Address: Higher Citys Florida 33018
New Registered Agent's Signature, if changing Registered Agent:
Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of 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 = Clief Financial Officer. If an officer-director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be PFD.

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.

Mike Jones, V as Remove Example:	r, and Sai	lly Smith, 81- as on Add.	
E vample : <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	<u> Fitle</u>	<u>Name</u>	<u>Addres</u> s
1) Khange	<u>P</u>	Torge Lopez Consalez	12401 W Okeschbee Ro
Add			
Remove			Idialach FL 33018
2) Change			
Add			
Remove			
3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
η) Change			
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Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Reconstite)
(Muaco daamoma succes, y necessary).	(be specific)
	- 10-10
	1.2.2
	· · ·
If an amendment provides for an each	pange, reclassification, or cancellation of issued shares,
	adment if not contained in the amendment itself:
(if not applicable, indicate N A)	
<u> </u>	

The date of each amendment(s) adoption:date this document was signed.	0.110619018	if other than the
Effective date <u>if applicable</u> : \(\int\)\A	•	
M-1-14	tho more than 90 days after ame	endment file dater
Note: If the date inserted in this block does document's effective date on the Department o	not meet the applicable statutory fill State's records.	iling requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>Cl</u>	HECK ONE)	
☐ The amendment(s) was were adopted by the by the shareholders was were sufficient for		s cast for the amendment(s)
☐ The amendment(s) was were approved by the must be separately provided for each voting		
"The number of votes cast for the ame	endment(s) was were sufficient for a	pproval
hy		
(Ve	ding groups	
The amendment(s) was were adopted by the action was not required	e board of directors without shareho	lder action and shareholder
☐ The amendment(s) was were adopted by the action was not required	e incorporators without shareholder	action and shareholder
Dated 07/06/201	<u> </u>	
Signature		
	sident or other officer – if directors	or officers have not been
selected, by an inc	corporator - if in the hands of a rece	
appointed fiduciar	y by that fiduciary)	
Torije	CTyped or printed name of person s	igning)
Pres	(Typed or printed name of person's	
	(Title of person signing	()