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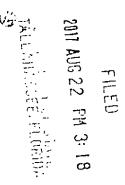
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C. GOLDEN AUG 2 4 2017

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: STRECTO SAGUA LA CWANDE LANDSCAPI	no
DOCUMENT NUMBER: P17000032734	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Put Esther Cala Sanchez	
Put Esther Cala Sanchez Name of Contact Person Sitiecito Sagua La Grande Landscaping Ir	C
11320 SW 179 th Street	
Mlami, FL 33157 City/ State and Zip Code	
Putcala42 D gmaul - Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Rut Esther Cala Sanchez at 186, 597-7813 Name of Contact Person Area Code & Daytime Telephone Number	
Name of Contact Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certificate Opy is enclosed)	
Mailing Address Amendment Section Amendment Section District Address Amendment Section	
Division of Corporations Division of Corporations	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

			to Articles of Incorp	ooration	ر د پ	制
Situacito	Saaua	La	Crande	Landscapi	ng Inc	
	y		tion as currently fi	led with the Florida I	Dept. of State)	133. J. 1/4
	<u> </u>	70 <i>0</i> 0	032734			<u>پي</u>
		(Docu	unent Number of Co	orporation (if known)		
Pursuant to the provisits Articles of Incorpor		1006, Flori	da Statutes, this <i>Flo</i>	rida Profit Corporatio	on adopts the follow	ing amendment(s) to
A. If amending name	e, enter the new na	me of the o	corporation:			
						The new
name must be disting "Corp.," "Inc.," or C word "chartered," "p	Co.," or the designa	ation "Cor	p, " "Inc, " or "Co	". A professional cor		
B. Enter new princip						
(Principal office addr	ess <u>MUST BE A ST</u>	TREET AD	ODRESS)			
C. Enter new mailin (Mailing address)	ig address, if appli MAY BE A POST (OX)			
					<u> </u>	
	egistered agent and ent and/or the new			s in Florida, enter the	name of the	
		<u>registere</u>	d office address.			
<u>Name of New</u>	Registered Agent					_
		•	(Florida street	addressi		
	1.000					
<u>New Register</u>	<u>ed Office Address</u> :		(Ci	<u>(iy)</u>	, Florida /Zi	ip Code)
No. 10 Personal La						
New Registered Ages Thereby accept the ap-				i and accept the obliga	itions of the position	7.
		Sis	gnature of New Reg.	istered Agent, if change	ing	

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:	, was Jun	iy əmaa, ə	r as an riaa.				
X Change	PT	John Doo	<u>:</u>				
X Remove	<u>V</u>	Mike Jor	<u>ies</u>				
X Add	<u>sv</u>	Sally Sm	<u>ith</u>				
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			<u>Addres</u> s	
1) Change Add	VP	<u>'</u> P	nut Es	ther calc	<u>y San</u> cluz	11320 SW179thst Migmi, FL 3315	rut 7
Remove							•
2) Change		_					
Add							
Remove							
3) Change		_	<u> </u>				
Add							
Remove							
4) Change		_					
Add							
Remove							
5) Change		_					
Add							
Remove							
6) Change		_					
Add							
Remove							

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
•	
_	
•	
	-
If an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(у погаррисине, такше къл)	
·	

The date of each amendment(s) adoption: 8 18 2017 date this document was signed.	, 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 v document's effective date on the Department of State's records.	vill 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(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)	
(voting 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 18 2017	
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)	
Jose Chuerra	
(Typed or printed name of person signing)	
President	
(Title of person signing)	-