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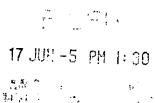
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Tallahassee, FL 32301

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: LANDCRAFTERS	s, inc.	
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following;	
	FRANK N. LAGO, ESQ.		
•	idensylven av 1900 til skolif för vids av fördyligiga av også yriggingga til til til skolifik kilolik kilolik i Til skolifik	Name of Contact Person	1
	WALK LAW FIRM, P.A.		_
•		Firm/ Company	
	100 S ASHLEY DR, STE 62	0	
•		Address	
	TAMPA, FL 33602		
•		City/ State and Zip Cod	2
FLAC	O@WALKLAWFIRM.COM	И	
	E-mail address: (to be u	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
FRANK N. LAGO, ESQ.		813 at (	699-1193
Name c	of Contact Person	at (813 ) 699-1193  Area Code & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

## Articles of Amendment to Articles of Incorporation of



LANDCRAFTERS INC.

(Name of Corporation as c	
	currently filed with the Florida Dept, of State)
P17000038060	
(Document Ny	umber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statut its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporat	tion:
	The new
name must be distinguishable and contain the word "cor "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc word "chartered," "professional association," or'the abbrev	rporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the viation "P.A."
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 off new registered agent and/or the new registered office	fice address in Florida, enter the name of the address:
Name of New Registered Agent	
· · · · · · · · · · · · · · · · · · ·	
	Torida street àddress)
1F1 New Registered Office Address:	

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 now 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	PT	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	D	DOUG WILSON	700 2ND AVE NW
X Add			LARGO, FL 33770
Remove			WASHINGTON AND THE PROPERTY OF
2) Change	D	ARIS RUIZ	700 2ND AVE NW
X Add			LARGO, FL 33770
Remove			
3) Change	AL		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			THE THE ST THE SHEET COMMENTS AND
The second secon			
6) Change	2000-0-000-0-000-0-0-0-0-0-0-0-0-0-0-0-	**************************************	
Add			***************************************
Remove			

Attach <i>addi</i>	e or adding additional concilence should should should be should	ry). (Be specific)				
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provisions	Iment proyides for an for implementing the applicable, indicate N.	amendment if not	ication, or cancell contained in the ar	ntion of issued sha nendment itself:	res,	
· · · · · · · · · · · · · · · · · · ·						
		<u>,</u>				
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The date of each amendment(s) adoption:date this document was signed.	, if other than th
·	
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 w document's effective date on the Department of State's records.	ill not be listed as th
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)	
☐ 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.	
05/31/17 Dated	
Signature Manual Annual	^
(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 count appointed fiduciary by that fiduciary)	
MICHAEL TOMAINO	
(Typed or printed name of person signing)	****
PRESIDENT	
(Title of nerson signing)	