## P170000 59183

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: BRYAN LANDSO	CAPING LINC.	
DOCUMENT NUM	ABER: P17000059183		
	es of Amendment and fee are su	abmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	RONY S. GONZALEZ LAI	RIOS	
	* · · · · · · · · · · · · · · · · · · ·	Name of Contact Person	n
	BRYAN LANDSCAPING I	INC.	
	<del>- Anno Anno and an</del>	Firm/ Company	
	1444 SW 27TH STREET		
		Address	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
	FORT LAUDERDALE, FL,	33315	
		City/ State and Zip Cod	e
For further informati	on concerning this matter, pleas		
Name of Contact Person		Area Co	) 915-1543 de & Daytime Telephone Number
Enclosed is a check	for the following amount made		
□ \$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			Address
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

BRYAN LANDSCAPING I INC.		
(Name of Corporation as c	currently filed with the Florida D	ept. of State)
P17000059183		
(Document Nu	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) to
A. If amending name, enter the new name of the corporat	tion:	
N/A		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	c," or "Co". A professional corp	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	N/A	
(Timeput Office address MEST DIZASTREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	-	<del> </del>
D. If amending the registered agent and/or registered offi	ice address in Florida, enter the n	iame of the
new registered agent and/or the new registered office		mine of the
Name of New Registered Agent		
Tume of then Registered Agent	· · · · · · · · · · · · · · · · · · ·	
	lorida street address)	
(7.7	oriuu oir eer uuur easy	
New Registered Office Address:	(City)	, Florida (Zip Code)
	(City)	(Elp Coue)
New Registered Agent's Signature, if changing Registered	d Agent:	
I hereby accept the appointment as registered agent. I am fa	amiliar with and accept the obligati	ions of the position.
		Zs S
Signature o	of New Registered Agent, if changin	27 E
	, G <del></del>	NARY SSE
	₹** },	
	r	

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: X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	LUIS ALBERTO SOPON	1515 DAVIE BLVD
x Add			FORT LAUDERDALE, FL, 33312
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
5) Change			
Add			
Remove			*vv di
6) Change			
Add			
Remove			

. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
/A	
	<u> </u>
A Company of the Comp	
·	
	Minimum and the second and the secon
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(i) not applicable, maicule (v/n)	
/A	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
• • • 08/10/2017	
Effective date if applicable:  (no more than 90 days after amendment file date)	
(no more than 90 days after amenament file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	his date 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.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following st 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 share action was not required.	eholder
■ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	ler
08/10/2017 Dated	
signature Pay 5. Gonzalez Larios	
(By a director, president or other officer - if directors or officers have not	
selected, by an incorporator – if in the hands of a receiver, trustee, or other	r court
appointed fiduciary by that fiduciary)	
RONY S. GONZALEZ LARIOS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	