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COVER LETTER

TO: Amendment Section Division of Corporations

AME OF CORPORATION: HOLIZO'S COUNTY SCRUIG COLP				
OCUMENT NUMBER: <u>P170000 70 8 3 S</u>				
he enclosed Articles of Amendment and fee are submitted for filing.				
lease return all correspondence concerning this matter to the following:				
Andrea Hollings KOTh Name of Contact Person Victoria Accounting Corp Firm/Company Company Address Osprey Fl 34229 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Andrea Hollingsworth at 941 365-7867 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;				
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed)				
Mailing Address Street Address				

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to	
Articles of Incor	poration
Adrian's Lawn Ser	vile Colp
(Name of Corporation as currently t	filed with the Florida Dept. of State)
P176007083	C Z
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatter</i> its Articles of Incorporation:	forida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P., 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)	o". A professional corporation name must contain the
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent Harries Registered Agent (Florida street)	Hollingsworth L Rd Osprey Fl
New Registered Office Address: OS Prey	, Florida_34 22 9

New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent, Lam familiar with and accept the obligations of the position. e of New Registered Agent, if changing

(City)

(Zip Code)

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 <math>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	<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)Change	P	<u>Alvaro Rodriquez</u> Tranquillino	SSY9 16 th St 1x1
Add		drillaburil	Brodenton Fl 34207
Remove		7	·
2)Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
O Change			
6)Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
provisions for implementing the amendment if not contained in the amendment itself:	(Macif tatamonal sneets, if necessary).	(ne specific)
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	nrovisions for implementing the amer	ange, reclassification, or cancellation of issued shares,
		

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (no mure than 90 days after amendment file date)	
(no mare man 90 aays after amenament fite aate)	
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 east for the amendment(s) was/were sufficient for approval	
by	
(roung 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 12-18-2017	
Signature Bulmayo Rdz. (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)	
Bulmaro Rodricuez Tanquilino (Typed or printed name of person signing)	
Via President	
(Title of person signing)	

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