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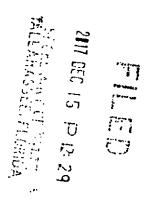
(Re	questor's Name)			
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Jonnathan Muroz/Grænats lawn services corp. 954-625-9891

. 6505 SW 21st street Miramar, Fl. 33023

I would like to include my corrent EIN # 47-4614812,
the Agent on the phone Advice me to include it so you guys can added on the paperwork.

thank you

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Greencots known 4 free Services COP
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Janathan Moroz Name of Contact Person
Greencots lawn of tree services corp.
6505 SW Zist Street
Miramar, Florida 33023 City/ State and Zip Code
Greence + 5 3 60 Grail Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jonnathan Monoz 31,954,625-9891
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

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
Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

Green cuts lawn 4 tree Services Corp. (Name of Corporation as currently filed with the Florida Dept. of State)
(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) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Green cots lawn Services Corp. H7-4614812
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 professional 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. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
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 — NA —
(Florida street address) New Registered Office Address: — \(\int\) \(\hat{City}\) (City) (Zip Code)
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
Signature of iven 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 = 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	<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		<u> - NA-</u>	
Add			-44-
Remove		. .	
2) Change		<u> - NA</u>	
Add			-NA-
Remove		. 4\ \	
3) Change			
Add			- A UT -
Remove			
4) Change		- NA-	
Add		·	-NA-
Remove			
5) Change		- NA -	
Add			-AM-
Remove			
6) Change		- NA-	
Add		•	
Remove			

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If an amendment provides to provisions for implementing (if not applicable, indicated)	g the amend					
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The date of each amendment(s) adoption:date this document was signed.	12/13/17	if other than the
Effective date <u>if applicable</u> :		
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does no document's effective date on the Department of S	ot meet the applicable statutory filing requirements, t State's records.	his date will not be listed as the
Adoption of Amendment(s) (CHI	ECK ONE)	
☐ The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for ap	shareholders. The number of votes cast for the amenda	ment(s)
• • • • • • • • • • • • • • • • • • • •	shareholders through voting groups. The following st group entitled to vote separately on the amendment(s)	
"The number of votes cast for the amend	dment(s) was/were sufficient for approval	
by(voti	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(voti	ing group)	
☐ The amendment(s) was/were adopted by the b action was not required.	poard of directors without shareholder action and share	cholder
The amendment(s) was/were adopted by the in action was not required.	ncorporators without shareholder action and sharehold $ackslash$	ler
Dated	12	
Signature		
(By a director, president	dent or other officer - if directors or officers have not	
selected by an incor appointed fiduciary	rporator – if in the hands of a receiver, trustee, or othe	r court
appointed fiduciary	by that flutchary)	
	Jonnethan Minns	
	Typed or printed name of person signing)	
	President	
	(Title of person signing)	