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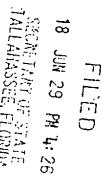
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JUL 0 3 2018 S. YOUNG



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Scaplane City Land	Iscapes, Inc.		
DOCUMENT NUM	BER: P18000022928			
	s of Amendment and fee are sul	omitted for filing.		
Please return all corre	espondence concerning this mat	ter to the following:		
	Shawna Wells			
		Name of Contact Person	n	
	We Track Your Numbers, LL	.C		
		Firm/ Company	<u> </u>	
	2684 Ponkan Meadow Dr.			
	Address			
	Apopka, FL 32712			
		City/ State and Zip Cod-	e	
weti	ackyournumbers@gmail.com			
		ed for future annual report	notification)	
		·		
For further information	on concerning this matter, pleas	e call:		
Shawna Wells		407 at (383-0807	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check f	or the following amount made p	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		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

Seaplane City Landscapes, Inc.			
(Name o	of Corporation as currentl	y filed with the Florida De	pt. of State)
P18000022928			
	(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006. Florida Statutes, this	Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new na	ime of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ution "Corp." "Inc," or "	'Co". A professional corpo	porated" or the abbreviation
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if apple (Mailing address MAY BE A POST) D. If amending the registered agent an	<u>OFFICE BOX</u>)	ress in Florida, enter the na	TALLAHASSEE, TH
new registered agent and/or the ne-			
Name of New Registered Agent	Shawna Wells		26 AIE AUA
Name of New Neglinerea Agent	2684 Ponkan Meadow Dr.		
	(Florida str	veet address)	
New Registered Office Address:	Apopka		, Florida 32712
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		with and accept the obligation	ons of the position.

Page I of 4

Signature of New 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	DS	Joyce Norcross	34411 Island Dr.
Add X Remove			Leesburg, FL 324788
2) Change	CFO	Shawna Wells	2684 Ponkan Meadow Dr.
X Add			Apopka, FL 32712
Remove	VP	Shawn Wells	2684 Ponkan Meadow Dr.
X Add			Apopka, FL 32712
Remove 4) Change			
Add Remove			
5) Change			
Add			
6) Change			
Add			
Remove			

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)			
				<u> </u>
				- -
			<u>-</u>	
-			·	
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<u>-</u>		<u> </u>		
f an amendment provides for an excl	iange, reclassification	or cancellation of	issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contain	ed in the amendme	ent itself:	
(y nor appricable, marcae way				
		<u> </u>		
				

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Dec. of the Co. N. M.	
(no more than 90 days	after amendment file date)
Note: If the date inserted in this block does not meet the applicable s document's effective date on the Department of State's records.	tatutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The numb by the shareholders was/were sufficient for approval.	per of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through v must be separately provided for each voting group entitled to vote so	
"The number of votes cast for the amendment(s) was/were suff	••
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors witho action was not required.	ut shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without sh action was not required.	areholder action and shareholder
Dated 6. 25-2018	
Signature <u>Beafful</u> Norwa (By a director, president or other officer – i	s
(By a director, president or other officer - i	directors or officers have not been
selected, by an incorporator – if in the hand appointed fiduciary by that fiduciary)	s of a receiver, trustee, or other court
appointed fiductary by that fiductary)	
Geoffrey Norcross	
(Typed or printed name	of person signing)
President & Director	
(Title of pers	son signing)