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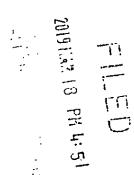
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PLAN B APARTM	IENT SOLUTIONS INC.	
DOCUMENT NUMB			
The enclosed Articles of	f Amendment and fee are sul	bmitted for filing.	
Please return all corres	oondence concerning this mat	ter to the following:	
}	RUBEN D. TORO		
-		Name of Contact Person	
,	RUBEN TORO P.A.		
-		Firm/ Company	
	7901 KINGSPOINTE PKWY	/ STE. 31	
•		Address	
	ORLANDO FL 32819		
•	<u> </u>	City/ State and Zip Code	
accou	nting@rubentorocpa.com		
	• • •	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Ruben D. Toro		at (370-6445
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□S43.75 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)
Ame Divi P.O.	ndment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations a Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PLAN B APARTMENT SOLUTIONS INC.

(Name of Corporation	on as currently filed with the Florida Dept. of State)
P18000049016	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
VIRTUOUS LAWN CARE INC.	The new
	d "corporation," "company," or "incorporated" or the abbreviation," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	
	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
	<u> </u>
	
D. If amending the registered agent and/or register new registered agent and/or the new registered	
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·
	(Florida street address)
N. B. V. 100 AH	
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Reg	istered Agent: I am familiar with and accept the obligations of the position.
Sion	vature of New Registered Agent if changing

•					
address of each Officer: (Attach additional sheets. Please note the officer/div P = President; V = Vice Executive Officer; CFO held. President, Treasure	and/or I if neces, rector tit Presiden = Chief r, Direct in the fo	Director be sary) le by the fit; T= Trea Financial or would hollowing me corporation	eing added: rst letter of the office title isurer; S= Secretary; D= Officer. If an officer/dir be PTD. anner. Currently John E n, Sally Smith is named t	e: = Director; TR= Tru vector holds more the Doc is listed as the P:	irector being removed and title, name, and astee; $C = Chairman \ or \ Clerk; \ CEO = Chief$ an one title, list the first letter of each office ST and Mike Jones is listed as the V. There is would be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Do			
X Remove	<u>v</u>	Mike Jo			
	<u>-</u> <u>SV</u>	Sally Sn			
X Add Type of Action (Check One)	<u>Title</u>	Surry Str	<u>Name</u>		Address
1) Change					
Add					
Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change	_				
Add					
Remove					
5) Change			<u> </u>	 	
Add					
Remove					
6) Change					
Add					

__ Remove

	adding additional Article l sheets, if necessary). (Be specific)	-	
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	t provides for an exchan	ge, reclassification, or	cancellation of issued sh	ares,
f an amendmer		ment if not contained	in the amendment itself:	
provisions for	icable indicate N/A)			
provisions for	icable, indicate N/A)			
provisions for	icable, indicate N/A)			
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provisions for	icable, indicate N/A)			

	03/11/2019	, if other than th
The date of each amendment(s) date this document was signed.	adoption:	, if other mail th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
03/11/20 Dated	19	
Dated	7	
Signature	Mua Wiczen	
(By a	director, president or other officer - if directors or officers have not been	
	ted, by an incorporator – if in the hands of a receiver, trustee, or other court	
appo	inted fiduciary by that fiduciary)	
	BRUCE S. WOODSON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	