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COVER LETTER

TO: Amendment Section **Division of Corporations**

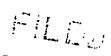
NAME OF CORPOR	CUT RIGHT LAY	WN & MAINTENANCE S	ERVICES INC.		
DOCUMENT NUMB	P18000084496				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
		BRENDA ROWE			
	Name of Contact Person				
	CUT RIGHT LAWN & MAINTENANCE SERVICES INC.				
	Firm/ Company				
		4162 WESTGATE RO	OAD		
	Address				
	ORLANDO, FL 32808				
		City/ State and Zip Cod	e		
	CU	TRIGHTLAWNSERVICES	S69@YAHOO.COM		
		sed for future annual report			
	n concerning this matter, pleas ALERIE MILLER	se call:at (407	. 962-8977		
Name of Contact Person		at (Area Co) de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	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)	□S52.50 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



		<u> </u>	/ f 1 /
(Name of Corporation	n as currently filed wi	th the Florida Dept. of	State) 8 P 1: 51
P180	000084496	Egn.	<u> </u>
(Docume	ent Number of Corporat	ion (if known)	MODELLICATIA
Pursuant to the provisions of section 607.1006, Florida is Articles of Incorporation:	Statutes, this Florida P	rofit Corporation adopts	the following amendment
If amending name, enter the new name of the cor	poration:		
			The new
ame must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.' cord "chartered," "professional association," or the a	" "Inc," or "Co". A p	vany," or "incorporate professional corporation	d" or the abbreviation name must contain the
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDI</u>			
		-	
			
2. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
. If amending the registered agent and/or registere new registered agent and/or the new registered o		orida, enter the name of	the
		orida, enter the name of	the
new registered agent and/or the new registered o		rida, enter the name of	the
new registered agent and/or the new registered o			the
	office address:	·····	rida

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.

X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	P	BRENDA ROWE	4162 WESTGATE ROAD
Add			ORLANDO, FL 32808
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			·
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

	rticles, enter change(s) here:). (Be specific)	
-		· · ·
<u></u>		
		
·	abana walaniGastina na manali	tion of igned shows
an amendment provides for an ex	change, reclassification, or cancella nendment if not contained in the an	nendment itself:
nravisions for implementing the an	ichament ii not contained ii the ar-	
provisions for implementing the an (if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
provisions for implementing the an (if not applicable, indicate N/A) N/A		
(if not applicable, indicate N/A)		
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(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		

The date of each amendment(s	adoption:	, if other than the
date this document was signed.	DECEMBED IN 2010	
Effective date if applicable: _	DECEMBER 19, 2018	
	(no more than 90 days after amendment file date,)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirement Department of State's records.	is, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the ame sufficient for approval.	endment(s)
	approved by the shareholders through voting groups. The followin for each voting group entitled to vote separately on the amendmen	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and s	hareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and sharel	holder
	DECEMBER 19, 2018	
Dated		
	Branda Xoue.	
Signature	a director, president or other officer - if directors or officers have	not been
	cted, by an incorporator – if in the hands of a receiver, trustee, or of	
	pinted fiduciary by that fiduciary)	
	BRENDA ROWE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	