## P19000016414

(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	· #)
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Amend

MAR 1 6 2019

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ANDABLO LANI	DSCAPING INC			
DOCUMENT NUMB					
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	LUIS MEDINA				
•		Name of Contact Person	n		
	MEDINA ACCOUNTING SERVICES INC				
•		Firm/ Company	<del> </del>		
	9010 SW 137 AVENUE SUI	• •			
-	<del> </del>	Address			
	MIAMI, FLORIDA 33186				
-	<del></del>	City/ State and Zip Cod	e		
LFME	DINA@BELLSOUTH.NET				
	•	sed for future annual report	notification)		
For further information	concerning this matter, pleas	305	552-1500		
Name o	f Contact Person	at ( Area Co	de & Daytime Telephone Number		
	the following amount made				
■ \$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)		
Ame Divis P.O.	ing Address ndment Section tion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

ANDABLO LANDSCAPING INC

(Name of Corporation	as currently filed with the Florida Dept. of State)
P19000016414	
(Documer	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDR</u>	PESS )
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	3 一
D 10 11 11 11 11 11 11 11 11 11 11 11 11	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
rame of the neglocieu rigem	
	(Florida street address)
Name Bunistanad Office Address	ri
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Regist	tered Agent: am familiar with and accept the obligations of the position.
Therety, accept the appointment as registered agent. The	an juminar with and accept the obligations by the position.
Signati	ure 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 Do	<u>oe</u>	
X Remove	$\underline{v}$	Mike Jo	mes	
X Add	<u>sv</u>	Sally Sr	n <u>ith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	P		ARTEMIO ANDABLO	12910 SW 55 STREET
X Add				MIAMI, FL 33175
Remove				
2) Change	P		ANTONIO ANDABLO	12910 SW 55 STREET
Add				MIAMI FL 33175
X Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add			11.00	
Remove				
0 0				
6) Change	<del></del>	_		
Add				
Remove				

- · · · · · · · · · · · · · · · · · · ·	(Be specific)
	- · · · · · · · · · · · · · · · · · · ·
•	
·	
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		<del>.</del>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(fficient for approval.	s)
	proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	eni
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	opted by the board of directors without shareholder action and sharehold	cr
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
MARCH 4 Dated	2019	
Signature	whiles	
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other couted fiduciary by that fiduciary)	
	ARTEMIO ANDABLO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	