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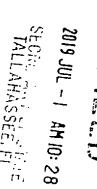
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C Kineen

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	AATION: HORIZONWEST	LANDSCAPE	SERVICES	INC	
DOCUMENT NUME					
	of Amendment and fee are su	ibmitted for fili	ng.		
Please return all corres	pondence concerning this ma	tter to the follo	wing:		
	ALEXANDER WAHBA				
		Name of Co	ontact Person	n	
		Firm/ (Company		
	PMB: 172, 14422 SHORESI	DE WAY, 110)		
		Ad	dress		
	Winter Garden, FL 34787				
		City/ State	and Zip Cod	c	
ilenc@	ginybrowardtax.com				
<u></u>	E-mail address: (to be us	sed for future a	nnual report	notification)	
For further information	n concerning this matter, pleas	se call:			
Henc Engelberg		at i	954) 927-9972 de & Daytime Telephone Number	
Name (of Contact Person		Arca Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the	Florida Depa	artment of State:	
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified (Additional enclosed)	Copy Il copy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations			Ameno Divisio	Address Innent Section on of Corporations a Building	
	P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently (2) 19000042621					
19000042621	filed with the Florida Dept. of State)				
(Document Number of C	Corporation (if known)				
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fl its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) t				
A. If amending name, enter the new name of the corporation:					
	The new				
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co- word "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the				
3. Enter new principal office address, if applicable:	PMB:172				
Principal office address MUST BE A STREET ADDRESS)	14422 Shoreside Way, Suite 110				
	Winter Garden FL 34787				
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)	PMB:172				
	14422 Shoreside Way, Suite 110				
	Winter Garden FL 34787				
 If amending the registered agent and/or registered office addressines registered agent and/or the new registered office address: 	ss in Florida, enter the name of the				
Name of New Registered Agent	N/A P - T				
The state of the s	SC A				
(Florida stree					
New Registered Office Address:	Florida 7				
New Registered Office Mauress.	(Zip Code)				

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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
	V	Cameron Ives	5063 Lakewalk Dr
1) Change			Building 9-305
Add x Remove			Winter Gardens FL 34787
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			Magazia
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific) N/A
	N/H
	,
	·
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)	4 -
	NA

The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable: (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" (voting group)
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 6/27/19 Dated 6/27/19 Signature
Signature (By a director, president of other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Alexander Wahba
(Typed or printed name of person signing)
President
(Title of person signing)