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To:

**Division of Corporations** 

3052201440

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN PABLOVALLE LANDSCAPING INC

| Certificate of Status | 0       |
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## Articles of Amendment

| PARI OVALLE LANGUE DE CA  |  |
|---|--|
| PABLOVALLE LANDSCAPING INC  |  |
| (Name of Corporation as currently filed with the Florida  | Dent of Store)   |
| P1900004682©  | oth, of same)  |
| (Document Number of Corporation (if known)  |  |
| tursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporations</i> Articles of Incorporation:  | on adopts the following amendment(s  |
| . If amending name, enter the new name of the corporation:  |  |
| ABLOVALLE LANDSCAPING & PIPELINE INC  |  |
| ame must be distinguishable and contain the word "corporation." "company," or "incorporate<br>Inc.," or Co.," or the designation "Corp.," "Inc. or "Co". A professional corporation<br>chartered," "professional association," or the abbreviation "P.A." | The new<br>ed" or the abbreviation "Corp.,"<br>in name must contain the word |
| Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS 1  | ~  |
|   |  |
|   |  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | • •  |
|   |  |
|   |  |
|   | ***  |
| If amending the registered agent and/or registered office address in Florida, enter the n   | name of the  |
| new registered agent and/or the new registered office address:  | · · · · · · · · · · · · · · · · · · ·  |
| Name of New Registered Agent  |  |
|   |  |
| (Horida street address)   |  |
| New Registered Office Address:  | , Florida_   |
| a Ciny)   | (Zip Code)   |
|   | (Zip Code)   |
| Signature of New Registered Agent, if changing  | ,  |

Check if applicable  $\Box$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 = ChiefExecutive Officer: CFO - Chief Financial Officer. If an officer director holds more than one tale, 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 Alike 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 Doc, 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                   | $\underline{\mathbf{V}}$ | Mike Jones  |         |
| X Add                      | <u>sv</u>                | Safly Smith |         |
| Type of Action (Check One) | <u>Title</u>             | Nume        | Address |
| f) Change                  |                          | _           |         |
| Add                        |                          |             |         |
| Remove                     |                          |             |         |
| 2) Change                  |                          | -           |         |
| And                        |                          |             |         |
| Remove Change              |                          |             |         |
| Add                        |                          |             |         |
| Reniove                    |                          |             |         |
| 4) Change                  |                          |             |         |
| Add                        |                          |             |         |
| Remove                     |                          |             |         |
| 5) Change                  |                          |             |         |
| Add                        |                          |             |         |
| Remove                     |                          |             |         |
| 6) Change                  |                          |             |         |
| Add                        |                          |             |         |
| Remove                     |                          |             |         |

| ttach additional sheets, if necessary).  | cles, enter change(s) h<br>(Re specific) |                                       |             |  |
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| n amendment provides for an excha<br>avisions for implementing the amen-   | nge, reciassification, o                 | r cancellation of issued              | i shares.   |  |
| Comment of the Commen | and at 11 and Character                  | in the amenoment us                   | <u>en;</u>  |  |
| (ij not appacante, indicate 3/4)   |  |                                       |             |  |
| (if not applicable, indicate N/A)  |  |                                       |             |  |
| (y not applicante, indicate N.A)   |  |                                       | <del></del> |  |
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| Ay not appricante, indicate AsA)   |  |                                       |             |  |
| Ay not appricante, indicate No.4)  |  |                                       |             |  |

|  | 10/15/2020  |
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| The date of each unrendment(s) as date this document was signed.             | loption: if other than the  |
| 10/1   | 5/2020  |
| Effective date if applicable:  |   |
|  | (no mure than 90 days after amendment file date)  |
| Note: If the date inserted in this bl<br>document's effective date on the De | ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.  |
| Adoption of Amendment(s)   | (CHECK ONE)   |
| ☐ The amendment(s) was/were adopaction was not required.                     | oted by the incorporators, or hoard of directors without shareholder action and shareholder   |
| The amendment(s) was/were adop<br>by the shareholders was/were sul           | sted by the shareholders. The number of votes east for the amendment(s) licient for approval.   |
| iniso ne separatery provinca por e   | oved by the shareholders through voting groups. The following statement arch voting group entitled to vote separately on the amendment(s): or the amendment(s) was/were sufficient for approval |
|  | (voting group)  |
| Selected.  | ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)              |
| _  | PABLO VALLE   |
|  | (Typed or printed name of person signing)   |
|  | PRESIDENT   |
| <u></u>  | (Title of person signing)   |
|  |   |