Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000184783 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6380

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone : (305)552-5973

Fax Number

: (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

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

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

R. WHITE 12.5 1 3 22.71

			in the Oh
	Articles of Amendment	£ £ .	•
	10 Articles of Incorporation		
	of		
PABI	LO VAILLE LANDSCAPING & PIPELIN	IE INC	
(Name of Cor	poration as currently filed with the Flor	rida Dept. of State	)
	P19000046829		•
	Document Number of Corporation (if kno	)wn)	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit Corpo	oration adopts the	following amendment(s) to
A. If amending name, enter the new name o	the corporation:		
			The new
name must be distinguishable and contain the w "Inc.," or Co.," or the designation "Corp." "chartered," "professional association." or the	"Inc." or "Co" A professional corne	porated" or the abi orațion name musi	previation "Corp.," contain the word
H. Enter new principal office address; if app	licable;		
(Principal office address MUST BE A STREE	TADDRESS)		
	<del></del>		
		<del></del> -	<del></del>
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)	: CE BOX)		
			<u> </u>
D. If amending the registered agent and/or a new registered agent and/or the new regis	egistered office address in Florida, ente	r the name of the	
Name of New Registered Agent			
			·
	(Florida street address)		
New Registered Office Address:		. Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing	ng Registered Agent:		
I hereby accept the appointment as registered a	gent. I am familiar with and occept the o	bligations of the pe	șition.
<del> </del>	Signature of New Registered Agent, if ch	hanaina	
	organitue of new neglistered Agent, if cr	ungmg	

Check if applicable
☐ 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 = Chief Executive Officer; CFO = Chief Financial Officer. If an officeridirector 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 Jores is listed as the V. There is a change, Mike Jores leaves the corporation, Sally Smith is named the V and S. These should be noted a: John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
_X Add	SY Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	PABLO ANTONIO VALLE	100 SW 110 AVE APT 104
X Add	<del></del>		МІАМІ FL 33 174
Remove			
2) Change	<del></del>		
Add			
Remove 3)Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			<u> </u>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) hore: (Be specific)	
		<del> </del>
		<del></del>
		<del></del>
		<del></del>
		<del></del>
F. If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, pdment if not contained in the amendment itself:	

date this document was signed.	
Effective date if applicable:	if other that
	(no more than 00 2.
Note: If the date inserted in stall	(no more than 90 days after amendment file date)
document's effective date on the D	block does not meet the applicable statutory filling requirement
Adoption of a	block does not meet the applicable statutory filing requirements, this date will not be listed as department of State's records.
	(CHÉCK ONE)
The amendment(s) was/were ad-	opted by the incorporators, or board of directors without shareholder action and shareholder
action was not required.	opice by the incorporators, or board of directors without sharehold
The amendance of	standiger action and shareholder
by the shareholders uncluse	opted by the shareholders. The number of votes cast for the amendment(s)
- A TOTAL WELL SH	strictent for approval.
I US ATTENDANCE)	
missi he sanguais?	IOVED by the characters.
Dravided for	ageh with a standard through voting groups. The Great
separately provided for	each voting group entitled to vote separately on the amondaria
"The number of votes cast f	roved by the shareholders through voting groups. The following statument each voting group entitled to vote separately on the amendment(s):
"The number of votes east f	each voting group entitled to vote separately on the amendment(s):  for the amendment(s) was/were sufficient for approval
"The number of votes east f	for the amendment(s) was/were sufficient for approval
"The number of votes east f	each voting group entitled to vote separately on the amendment(s):  for the amendment(s) was/were sufficient for approval  (voting group)
"The number of votes east f	for the amendment(s) was/were sufficient for approval
by05/07/2021	for the amendment(s) was/were sufficient for approval
"The number of votes east f	for the amendment(s) was/were sufficient for approval
by05/07/2021	for the amendment(s) was/were sufficient for approval  (voting group)
by05/07/2021 Dated	for the amendment(s) was/were sufficient for approval  (voting group)
by	for the amendment(s) was/were sufficient for approval  (voting group)  [Paralle Alle Odan 18
by	(voting group)  (voting group)  (voting group)  (voting group)  (voting group)
by	for the amendment(s) was/were sufficient for approval  (voting group)
by	(voting group)
by	for the amendment(s) was/were sufficient for approval  (voting group)  (voting group)
by	(voting group)
by	for the amendment(s) was/were sufficient for approval  (voting group)  (voting group)