## P19000051654

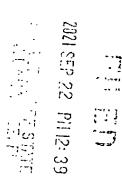
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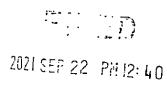
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

.

NAME OF CORPOR	ATION: 4678 LAMDSCAP	ING INC	
DOCUMENT NUMB	P1900001654		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	VICTOR VERDI PA		
•	-	Name of Contact Persor	1
	VERDI ASSOCIATES GRO	UP INC	
•		Firm/ Company	·
	9681 NW 58TH COURT		
•		Address	
	PARKLAND, FLORIDA 330	076	
-		City/ State and Zip Code	
	vicverdi@comcast.net		
	E-mail address: (to be us	sed for future annual report	notification)
	concerning this matter, please		020 0207
VICTOR VERDI PA		at (	_) 829 - 8397
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 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 Divi: P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

## Articles of Amendment to Articles of Incorporation of



4678 LANDSCAPING INC	\$ 19.85°   11.75° 80° 05		
·	y filed with the Florida Dept. of State)		
Ρ1900(01654			
(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
	The new		
name must be distinguishable and contain the word "corporation," "("Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word		
B. Enter new principal office address, if applicable:	4440 DEVINSHIRE FIELDS LOOP		
(Principal office address MUST BE A STREET ADDRESS)	PLANT CITY, FLORIDA 33567		
C. The many marilian address if applicables			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. M. and the state of the stat	- Clarkin arter the name of the		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address			
Name of New Registered Agent			
(Florida su	reet address)		
New Registered Office Address:	Florida		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	it with and accept the obligations of the position.		
Signature of New R	Registered Agent, if changing		

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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)

Example:

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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			<del></del>
Remove			
2) Change			
Add			<del></del>
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			***************************************
Add			
Remove			
6) Change			
Add			
Remove			

. If amending of (Attach addition)	or adding additional Amonal sheets, if necessary)	rticles, enter change (Be specific)	e(s) here:		
/A					
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If an amenda	nent provides for an ex or implementing the an	change, reclassifica	ition, or cancellat	ion of issued share	<u> </u>
(if not a	oplicable, indicate N/A)	nesiament ii not cot	itanico in the am	enginent tisen.	
'A	•				
					**************************************
<u> </u>					

he date of each amendment(s) ad	loption:	, if other than the
ate this document was signed.		
ffective date if applicable:		
	(no more than 90 days after amendment file date	?)
ote: If the date inserted in this blocument's effective date on the De	ock does not meet the applicable statutory filing requirement partment of State's records.	nts, this date will not be listed as the
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sharel	holder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the ar fficient for approval.	nendment(s)
must be separately provided for	roved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
09/17/21 Dated	4.4	
	The ball Calles	
Signature	//W/ VOV (017)	
	rector, president or other officer – if directors or officers have l, by an incorporator – if in the hands of a receiver, trustee, or	
	ed fiduciary by that fiduciary)	outer court
.,	MICHAEL COBB	
	(Typed or printed name of person signing)	
	(1 yped or printed name of person signing)	
	(PesiDatt)	
	(Title of person signing)	