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(Requestor's Name)	
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(City/State/Zip/Phone #)	
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## COVER LETTER

Division of Corporations Landscape Kinovators INC. 1200000 23926 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Laura Bombly
Name of Contact Person Silvar Thorn Loop E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Caura Bombly
Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$52.50 Filling Fee ∑\$43.75 Filing Fee & □\$43.75 Filing Fee & □ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

is enclosed)

Tallahassee, FL 32303

## Articles of Amendment

A CONTRACTOR OF SERVICE

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## Articles of Incorporation

Landscape 7	Penovators Inc.
	filed with the Florida Dept. of State)
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/H	The new
name must be distinguishable and contain the word "corporation," "coe" Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	_N/A
	~ ?
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
(Mailing address MA) BLA (MA) WA (TOD WOOL)	
	.:
D. If amending the registered agent and/or registered office addr	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent N/A	<u> </u>
(Florida stre	ret address)
New Registered Office 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 w	; eith and accept the obligations of the position.
v /.	P-
Signature of New Ro	egistered Agent, if changing
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (11)	

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)

A Committee of the Comm

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> <u>Joh</u>	nn Doc	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change		Laura Bombly	1400 E. Silver Thorn Loop Hernande, Fl.
Add			
X_ Remove			34442
2) Change			
Add			<u> </u>
Remove 3) Change			250
Add			
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
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tach additional sheets, if necessary). (Be specific)	
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an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
(5, 111, 117, 117, 117, 117, 117, 117, 11	

.

and the second second

The date of each amendment(s) adopti date this document was signed.	ion:	, if other than the
Effective date if applicable:	12/31/23	47
	(2/3)/23 (no more than 90 days after amendment file	date)
Note: If the date inserted in this block document's effective date on the Departs	does not meet the applicable statutory filing requirement of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
★ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without sl	hareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes cast for the ent for approval.	ne amendment(s)
☐ The amendment(s) was/were approve must be separately provided for each	ed by the shareholders through voting groups. The for a voting group entitled to vote separately on the amer	llowing statement adment(s):
"The number of votes east for t	he amendment(s) was/were sufficient for approval	
by	(voting group)	
,		
Dated	4/23	
	AB Bank	
Signature (By a direct	or, president or other officer () if directors or officers	have not been
selected, by	an incorporator - if in the hands of a receiver, truste	e, or other court
appointed f	iduciary by that fiduciary)	7~ 3
	Laura N. Bombl	· · · · · · · · · · · · · · · · · · ·
_	(Typed or printed name of person signing)	<del></del>
	(Title of person signing)	-1
_	(Title of person signing)	