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COVER LETTER

TO: Amendment Section Division of Corporations DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Firm/ Company City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee

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enclosed)

(Additional copy is

Mailing Address

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

Certificate of Status

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Certificate of Status

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(Additional Copy is enclosed)

Articles of Amendment Articles of Incorporation

State 2 State "L	and scaping, Inc.
P2000024 (Document Number of Corporation as currently to the c	1639
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	WA
name must be distinguishable and contain the word "corporation," "cor "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A particle of the professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	mpany, "or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A PH 5: 10
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	NA
New Registered Office Address: (Florida street) (Ci	, Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	n and accept the obligations of the position.
Signature of New Regi.	stered Agent. if changing

Cycck 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)

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 <math>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	PT Joh	<u>n Doe</u>	
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) 1) Change Add	<u>Title</u>	<u>Maasai Watso</u> n	Address 1625 79th Calbeway #50 Miami FL 33141
Remove 2) ChangeAdd	<u>S_</u>	<u>Vesenta Watson</u> , Jr.	1625 79th Causeway #50 Miani, FL 33141
Remove 3) Change Add			
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
Remove			

If an amendment provides for an exchange, reclussification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) A	E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
provisions for implementing the amendment if not contained in the amendment itself:	. t	
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(if not applicable, indicate N/A) A	provisions for implementing the amendment if not contained in the amendment itself:	
N/A	(if not applicable, indicate N/A)	
	NIH	
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	*/***	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more tha	n 90 days after amendment file date)
Note: If the date inserted in this block does not meet the ap document's effective date on the Department of State's record	plicable statutory filing requirements, this date will not be listed as the s.
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, action was not required.	or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled	
"The number of votes cast for the amendment(s) was	/were sufficient for approval
by	·"
(voting group)	
Dated 4-17-20	
Signature 12 St. Signature	do
	officer – if directors or officers have not been the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduci	
Veser	nta Watson
(Typed or prin	ted name of person signing)
<u> </u>	resident
(Title of person	n signing)