P20000041868

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: GARAY LANDS	CAPING CORP			
DOCUMENT NUMBER: P20000041868					
The enclosed Articles	s of Amendment and fee are si	abmitted for filing.			
Please return all corre	espondence concerning this ma	atter to the following:			
	MARIUSKA BRITO				
		Name of Contact Perso	n		
	BRITO TAX CORP				
		Firm/ Company			
	Firm Company 1500 NW 89TH COURT SUITE 108				
		Address			
	DORAL FLORIDA 33172				
		City/ State and Zip Cod	e		
	BRITOTAXCORP@GMAIL.COM				
	E-mail address: (to be u	sed for future annual report	notification)		
For further information	on concerning this matter, plea	se call:at (786	3547694		
Name of Contact Person		at (Area Co) de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made		·		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address 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			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

GARAY LANDSCAPING CORP				
(Name of	Corporation as curre	ntly filed with the Florid	a Dept. of State)	<u>.</u>
220000041868	PINIS.			
	(Document Numbe	r of Corporation (if knowr	1)	
ursuant to the provisions of section 607.1 s Articles of Incorporation:	006, Florida Statutes, th	is Florida Profit Corpora	tion adopts the followir	ng amendment(s)
If amending name, enter the new name.	me of the corporation:			
ame must he distinguishable and contain t	ha word "anymoustion"	***************************************		_The new
Inc.," or Co.," or the designation "Co chartered." "professional association," o	orp," "Inc," or "Co".	A professional corpora	tion name must contai	on Carp., in the word
3. Enter new principal office address, if applicable:		N/A		
Principal office address <u>MUST BE A ST</u>				Tarin .
			-	
			-	``
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		-0
			-	<u>~~~</u>
				
				ري
. If amending the registered agent and	/or registered office as	ldress in Florida, enter t	ha nama of the	
new registered agent and/or the new	registered office addre	ess:	ne name of the	
Name of New Registered Agent	ANA G RODRIGUEZ Y	r RODRIGUEZ		
- ·	9600 SW 136 ST MIA	MI FLORIDA 33196	-	-
_	(Florida .	strect address)	·	-
New Registered Office Address:	9600 SW 136 ST MIAI	мі	33196 , Florida	

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 = 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 Doc 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>John De</u>	<u>oe</u>	
X Remove	\underline{V}	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
t) Change	<u>P</u>	_	Ana G Rodriguez Y Rodrigue	19600 sw 136 st Miami Fl 33196
Add X				
Remove 2) Change	p	_	Ana G Rodriguez Y Rodriguez	19600 sw 136 st Miami Fl 33196
x Add				
Remove Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
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	- .
	 ,
	·
	- -
	· · · · · · · · · · · · · · · · · · ·
	
	<u>_</u>
If an amendment provides for an exchange, reclassification, or cancellation of issued	d shares,
provisions for implementing the amendment if not contained in the amendment its (if not applicable, indicate N/A)	elf:
N/A	
	
	····
	<u>_</u>
	<u> </u>

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable;		
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sharehold	er action and shareholder
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amend sufficient for approval.	iment(s)
☐ The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voting groups. The following sor each voting group entitled to vote separately on the amendment(s)	statement):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	<u></u>	
	(voting group)	
JULY 01. Dated	/2020 	
Signature	Anchology and directors or officers have not	L
select	ed, by an incorporator – if in the hands of a receiver, trustee, or othe need fiduciary by that fiduciary)	r court
	RODRIGUEZ Y RODRIGUEZ ANA G	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	