## (VII)

## P21000069164

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| Certified Copies        | _ Certificates     | of Status |
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| Special Instructions to | Eiling Officer     |           |
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10/04/24--01022--021 \*\*52.50



## COVER LETTER

TO: Amendment Section Division of Corporations

| MAMIL OF COM O          | RATION: ALBIN CARPIO I                    |                                                                             | AVICE INC                                                                            |
|-------------------------|-------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| DOCUMENT NUM            | D21000060161                              |                                                                             | <u>-</u>                                                                             |
| The enclosed Articles   | of Amendment and fee are su               | bmitted for filing.                                                         |                                                                                      |
| Please return all corre | spondence concerning this ma              | tter to the following:                                                      |                                                                                      |
|                         | ALBIN R. CARPIO CARPI                     | 10                                                                          |                                                                                      |
|                         |                                           | Name of Contact Person                                                      |                                                                                      |
|                         | ALBIN CARPIO LANDSCA                      | PING AND SERVICE INC                                                        | •<br><del>-</del>                                                                    |
|                         |                                           | Firm/ Company                                                               |                                                                                      |
|                         | 4000 NE 10th AVE APT 12                   |                                                                             |                                                                                      |
|                         |                                           | Address                                                                     |                                                                                      |
|                         | OAKLAND PARK, FL 3333                     | 4                                                                           |                                                                                      |
|                         |                                           | City/ State and Zip Code                                                    | •                                                                                    |
|                         | albincarpio84@gmail.com                   |                                                                             |                                                                                      |
|                         | E-mail address: (to be us                 | sed for future annual report                                                | notification)                                                                        |
| For further informatic  | on concerning this matter, pleas          |                                                                             | _) <u>317-6994</u>                                                                   |
| Name                    | of Contact Person                         | at (<br>Area Coo                                                            | )le & Daytime Telephone Number                                                       |
| Enclosed is a check for | or the following amount made              |                                                                             |                                                                                      |
|                         |                                           |                                                                             |                                                                                      |
| S35 Filing Fee          | S43.75 Filing Fee & Certificate of Status | ☐\$43.75 Fiting Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |

## Articles of Amendment to Articles of Incorporation of

ALBIN CARPIO CANDSCAPING AND SERVICE INC

| (Name of Corporation as curren                                                                                                                                                                  | tly filed with the Florida Dept. of State  | 2)                                        |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------|--|--|--|
| P 21000069194                                                                                                                                                                                   |                                            |                                           |  |  |  |
| (Document Number                                                                                                                                                                                | of Corporation (if known)                  |                                           |  |  |  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:                                                                                            | s Florida Profit Corporation adopts the    | following amendment(s)                    |  |  |  |
| A. If amending name, enter the new name of the corporation:                                                                                                                                     |                                            |                                           |  |  |  |
| SABANA LAWN SERVICES INC                                                                                                                                                                        |                                            | The new                                   |  |  |  |
| name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A. | A professional corporation name mus        | breviation "Corp.,"<br>t contain the word |  |  |  |
| B. Enter new principal office address, if applicable:                                                                                                                                           | ALBIN R CARPIO CARPIO                      |                                           |  |  |  |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )                                                                                                                                     | 4000 NE 10th AVE APT 3                     |                                           |  |  |  |
|                                                                                                                                                                                                 | OAKLND PARK, FL 33334                      |                                           |  |  |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                                                                                         | ALBIN R CARPIO CARPIO                      |                                           |  |  |  |
|                                                                                                                                                                                                 | 4000 NE 10th AVE APT 3                     |                                           |  |  |  |
|                                                                                                                                                                                                 | OAKLAND PARK, FL 33334                     |                                           |  |  |  |
| D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address Name of New Registered Agent                                      |                                            |                                           |  |  |  |
|                                                                                                                                                                                                 | treet address)                             |                                           |  |  |  |
| New Registered Office Address:                                                                                                                                                                  | . Florida                                  |                                           |  |  |  |
| ren regineres symposis mores.                                                                                                                                                                   | (City)                                     | (Zip Code)                                |  |  |  |
| New Registered Agent's Signature, if changing Registered Aget I hereby accept the appointment as registered agent. I am familian Signature of Vina                                              | r with and accept the obligations of the p | osition.                                  |  |  |  |
| ·                                                                                                                                                                                               | Registered Agent, if changing              |                                           |  |  |  |
| 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 = ChiefExecutive 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 Doc    |         |
|-------------------------------|-----------|-------------|---------|
| X Remove                      | <u>V</u>  | Mike Jones  |         |
| X Add                         | <u>sv</u> | Sally Smith |         |
| Type of Action<br>(Check One) | Title     | <u>Name</u> | Address |
| 1) Change                     |           | _           | <br>    |
| Add                           |           |             |         |
| Remove                        |           |             |         |
| 2) Change                     |           | _           | <br>    |
| Add                           |           |             |         |
| Remove 3 ) Change             |           |             |         |
| Add                           |           |             |         |
| Remove                        |           |             |         |
| 4) Change                     |           |             | <br>    |
| Add                           |           |             |         |
| Remove                        |           |             |         |
| 5) Change                     |           | _           | <br>    |
| Add                           |           |             |         |
| Remove                        |           |             |         |
| 6) Change                     |           | _           | <br>    |
| Add                           |           |             |         |
| Remove                        |           |             |         |

| attach additional sheets, if necessary).                         | (Be specifie)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>c</u> :                                               |                      |
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| an amendment provides for an exclusions for implementing the ame | <u>ange, reclassification, or</u><br>idment if not contained                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>cancellation of issued:</u><br>in the amendment itsel | <u>snares,</u><br>f: |
| (if not applicable, indicate N/A)                                | tune to have t |                                                          | <del>-</del>         |
|                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                      |
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| The date of each amendment(s) adoption:                                                                                                                                                                                                            | _, if other than the |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| date this document was signed.                                                                                                                                                                                                                     |                      |
| 09/13/2024                                                                                                                                                                                                                                         |                      |
| Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date)                                                                                                                                                            |                      |
|                                                                                                                                                                                                                                                    |                      |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records.                                                              | not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)                                                                                                                                                                                                               |                      |
| ■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and s action was not required.                                                                                                          | hareholder           |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.                                                                                       |                      |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):                                         |                      |
| "The number of votes cast for the amendment(s) was/were sufficient for approval                                                                                                                                                                    |                      |
| by"  (voting group)                                                                                                                                                                                                                                |                      |
| (voting group)                                                                                                                                                                                                                                     |                      |
|                                                                                                                                                                                                                                                    |                      |
|                                                                                                                                                                                                                                                    |                      |
| 09/13/2024<br>Dated                                                                                                                                                                                                                                |                      |
| 09/13/2024<br>Dated                                                                                                                                                                                                                                |                      |
| Dated                                                                                                                                                                                                                                              | _                    |
| Signature  (By a director, president or other officer – if directors or officers have not been                                                                                                                                                     | _                    |
| Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court                                                               | _                    |
| Signature  (By a director, president or other officer – if directors or officers have not been                                                                                                                                                     | _                    |
| Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court                                                               | _                    |
| Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)                        | _                    |
| Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)  ALBIN R CARPIO CARPIO | _                    |