P21000103216

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C. BRUMBLE

COVER LETTER

Division of Corporations

NAME OF CORPORATION: EMPIRE LANGSCAPE INC.

DOCUMENT NUMBER: P21000103216

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JILL LESERRA

Name of Contact Person

EMPIRE LANDSCAPE INC.

4545 SE MANATEE TER,

STUART FC 34997

JLESERRAE AUL. COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TO: Amendment Section

Name of Contact Person

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

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

~,\.\	,)(,o	1001	iale li	-)(⁻	
(Name of Corporation as currently	filed with	the Florida Dep	t. of State)		
P21000103			<u>.</u>		
(Document Number of	Corporation	ı (if known)		<u>-</u>	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Prof	it Corporation a	dopts the followin	g amend	ment(s) to
A. If amending name, enter the new name of the corporation:					
				_The n	
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", A "chartered," "professional association," or the abbreviation "P.A."					
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		<u> </u>		<u> </u>	_
					_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					_
				202.	1,
				7	
D. Harris diameter and a second second					
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:		ia, enter the nai	ne of the		;
the state of agent and or the new registered white address.			9 3 ° 4 3	<u> </u>	
Name of New Registered Agent		•••	- () 	တ္	O
			17-12-1	12	
(Florida stre	et address)			-	٠.
New Registered Office Address:			, Florida		
	City)	; <u>** 18 * 1</u>	(Zip C	iode)	_
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent. I am familiar w	ith and acce	pt the obligation	s of the position.		
Signature of New Re	gistered Ave	ent, if changing		-	
·	.,	, y			
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c)	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 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.

$\overline{\mathbf{b}}$	John De	<u>oe</u>				
Y	Mike Jo	ones				
<u>sv</u>	Sally S	<u>mith</u>				
Title)	Name	·	<u>Addres</u> s		
Vr	_	JAMES	LESCRY	R A		
					4545 SE MANATEI	E TER
					STUART, FL 34997	ŗ
	_					
						
	_					
	<u>sv</u>	V Mike Jo SV Sally S	V Mike Jones SV Sally Smith Title Name	V Mike Jones SV Sally Smith Title Name	V Mike Jones SV Sally Smith	V Mike Jones SV Sally Smith Title Name Address

	(Be specific)
an amendment provides for an exch	nange reclassification or cancellation of issued shares.
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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1-19:12
The date of each amendment(s) adoption:, if other than the
date this document was signed.
Effective date if applicable: 19-32
(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 not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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)
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)
JILL R LESERRA
(Typed or printed name of person signing)
PRES-SEC
(Title of person signing)