## P22000076124

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	BENNETT LANDSC	APE SERVICES INC	<u> </u>		
DOCUMENT NUMBER:	P22000076124				
The enclosed Articles of Amendme	ent and fee are submitted	for filing.			
Please return all correspondence co	ncerning this matter to th	e following:			
	Sand	a I Mor	ocada		
	Sandra L. Moncada.  Name of Contact Person				
		Firm/ Company			
	450 S OLD DIXIE HWY STE 4				
	Address				
	JUPITER, FL 33458				
	City/	State and Zip Code			
	AMERICATA	K0109@HOTMAIL.0	COM		
E-mail	address: (to be used for f	<del>-</del>			
For further information concerning	this matter, please call:				
Sandral	Moncada	561	743-1023 & Daytime Telephone Number		
Name of Contact Pe	erson	Area Code	& Daytime Telephone Number		
Enclosed is a check for the following	ig amount made payable	to the Florida Depart	ment of State:		
	icate of Status Cer (Ad	3.75 Filing Fee & tified Copy ditional copy is closed)	□\$52.50 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 Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED 2024 OCT 22 PM 1: 58

## BENNETT LANDSCAPE SERVICES INC

DENNETT LANG	DOCAPE SERVICES INC
(Name of Corporation as	currently filed with the Florida Dept. of State) The Control of STA
	P22000076124
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statuits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ation:
	The new
	orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES.	<u>S</u> )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	450 S OLD DIXIE HWY STE 4
	JUPITER, FLORIDA 33458
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	
· · · · · · · · · · · · · · · · · · ·	Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am,	
Signature	of New Registered Agent, if changing

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 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 Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	SANDRA L MONCADA	450 S OLD DIXIE HWY STE 4
X Add			JUPITER, FL 33458
Remove			<u> </u>
2) Change	T	ALEX E. OROZCO GARCIA	450 S OLD DIXIE HWY STE 4
X Add			JUPITER, FL 33458
Remove			
3 ) Change		_	<del> </del>
Add			<del></del>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Chanca			
6) Change	<del></del>		
Add			<del></del>
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
·		
	· <u>-</u> ··	
f an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or can ndment if not contained in t	ncellation of issued shares. he amendment itself:
		. <u>_,</u>

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:	10/14/2024	
Enective date in applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	lock does not meet the applicable statutory filing requirements, to partment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendation of the sproval.	ment(s)
	roved by the shareholders through voting groups. The following so 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	<i>;</i> "	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and share	eholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and sharehold	ler
	10/14/2024	
Dated	<del></del>	
Signature(By a di	rector, president or other officer – if directors or officers have not	heen
selected	d. by an incorporator – if in the hands of a receiver, trustee, or othe ed fiduciary by that fiduciary)	
	JOSE MARTIN JIMENEZ	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	