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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ation: PoHe	ry Scupes Inc	
DOCUMENT NUMBI			
The enclosed Articles of	f.Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
-	1812 NM 10th	Name of Contact Person Hery Scapes INC. Firm Company Ter Address FL 33993 City/ State and Zip Code	
- For further information		leny scapes of ar	
Anni H	1445	911	V 735.73105
Name of	Contact Person	at (<u>191</u> Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Section n of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren	tly filed with the Florida	Dept. of State)	•••	
P23000014	ldo			
(Document Number	of Corporation (if known)	· · · · · · · · · · · · · · · · · · ·	-	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporat	ion adopts the follo	wing ame	ndment(s) to
A. If amending name, enter the new name of the corporation:			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 corporati		ation "Co	orp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u> </u>			
		1	2023 h	
C. Enter new mailing address, if applicable:		;	APR -	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)				†ni
			, œ	J
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address		e name of the	ည်	
Name of New Registered Agent				
(Florida s	trect address)			
New Registered Office Address:	(City)	, Florida	Lip Code)	
	(Ciù)	(2)	ap Coale)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	nt: with and accept the oblig	ations of the positio	on.	
Signature of New	Registered Agent, if chang	ging		
Check if applicable				

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

amending or adding additional Ar tach additional sheets, if necessary)	(Be specifi	c)	<u>.</u> .				
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12.00			<u></u>	·			_
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in amendment provides for an ex-	change, reclas	sification, or	cancellation	of issued sh	ares,		
ovisions for implementing the an	endment if no	ot contained	in the amen	dment itself:			
(if not applicable, indicate N/A)							
							_
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							_

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
<u>X</u> Add	<u> </u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>YP</u>	ADMI HEYES	1812 NW 10th Ter
X Add		,	Cape Cored FL 33993
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

The date of each amendment(s) adoption:	3 6 23	, if other than the
date this document was signed.		
Effective date if applicable:	3.6.23	
 -	3 & 23 (no more than 90 days after amendment file date	e)
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)	
The amendment(s) was/were adopted by the action was not required.	e incorporators, or board of directors without sharel	holder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the ar approval.	mendment(s)
	he shareholders through voting groups. The following group entitled to vote separately on the amendme	
"The number of votes east for the am	endment(s) was/were sufficient for approval	
by Seth He	ing group)	
(Vr	ning group)	
Dated3 : 29 : 2	13	
Signature	esident or other officer - if directors or officers have	n mot hour
	esidest or other officer – if directors or officers have corporator – if in the hands of a receiver, trustee, or	
-	ry by that fiduciary)	
	Seth Heurs	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	***************************************