

| (Requestor's Name) |
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| (Address) |
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Dasilless Elliky Hallie) |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer. |
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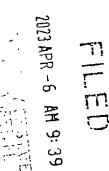
Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: CERTILE LAWN | LANDSCAPE AND SPRI | NKLER CARE, INC |
|-------------------------|--|--|---|
| DOCUMENT NUM | 077000002360 | | |
| The enclosed Articles | of Amendment and fee are su | ebmitted for filing. | |
| Please return all corre | espondence concerning this ma | tter to the following: | |
| | LINOSSE CERTILE | | |
| | | Name of Contact Perso | 1 |
| | | Firm/ Company | |
| | 6147 NW 27TH ST | | |
| | | Address | |
| | MARGATE, FL 33063 | | |
| | | City/ State and Zip Cod | e |
| | CERTILELAWNCARE@GI | MAIL.COM | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further information | on concerning this matter, plea | se call: | |
| LINOSSE CERTILE | | 954 at (| 5489757 |
| Name of Contact Person | | Area Co | de & Daytime Telephone Number |
| Inclosed is a check for | or the following amount made | payable to the Florida Depa | artment of State: |
| \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Am Div P.C | iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314 | Amend Division The C 2415 Y | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303 |

Articles of Amendment to Articles of Incorporation

☐ The amendment(s) is/are being filed pursuant to s. 607,0120 (11) (e), F.S.

| poration (if known) da Profit Corporation adopts the following amendment(s) |
|---|
| |
| da Profit Corporation adopts the following amendment(s) |
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| The new |
| ony," or "incorporated" or the abbreviation "Corp" fessional corporation name must contain the word |
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| n Florida, enter the name of the |
| 111010a, Cite We name of the |
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| dress) |
| . Florida |
| (Zip Code) |
| 1 |

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.

| X Change | <u>PT</u> | John Doc | |
|----------------------------|--------------------------|----------------|-------------------|
| X Remove | $\underline{\mathbf{v}}$ | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | VP | SIMONE CERTILE | 6147 NW 27TH ST |
| X Vqq | | | MARGATE, FL 33063 |
| Remove | | | |
| 2) Change | | | <u></u> |
| Add | | | |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Ad d | | | |
| Remove | | | variable de viva |
| 5) Change | | -и | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
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| provisions for implementing the amen | unge, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |
| an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A) | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |
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| Cffective date if applicable: (no more than 90 days after amendment file date) | |
|---|---------------------------|
| Effective date if applicable: | |
| | |
| | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date locument's effective date on the Department of State's records. | will not be listed as the |
| Adoption of Amendment(s) (<u>CHECK ONE</u>) | |
| ■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required. | and shareholder |
| 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. | 1 |
| The amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided for each voting group entitled to vote separately on the amendment(s): | u |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| hy" | |
| (voting group) | |
| 03/24/2023 Dated | |
| Signature - Finosse Certile | |
| (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) | |
| LINOSSE CERTILE | |
| (Typed or printed name of person signing) | |
| PRESIDENT | |
| (Title of person signing) | |