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## **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: Mr. Green Land scaping; Inc
DOCUMENT NUMBER: _ P230000 384 33 \
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  My Green Landscaping, Inc  Firm/ Company  11400 Overseas Highway  Address  MARATHON Shores FL. 33052  City/ State and Zip Code  My Green Landscape 44 egmail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Kiraly at (305) 849-7313  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:
S35 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certificate of Status  (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

of

Mr. 15700 Card SCapino	fled with the Florida Dept. of State)
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address:  Name of New Registered Agent	SCORT FILE STATE OF S
	•
(Florida stree	1 address)
New Registered Office Address:(0	, Florida, Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Reg	gistered 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)

Example:

Please note the officer/director title by the first letter of the office title:

 $P = President; V \neq Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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	<u>V</u>	Mike Jones
X Add	<u>sv</u>	Sally Smith
Type of Action (Check One)	<u>Title</u>	Name Address
1) Change		Nestor Kacios-Sanchez 337 82 St. Ocean
Add		Marathon, FL 33050
X Remove		
2) Change		
Add		
Remove 3 ) Change		
Add		
Remove		<del></del>
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

N	h additional sheets, if necessar	y). (Be specific)		
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	amendment provides for an e	exchange, reclassification, or	cancellation of issued share	es.
lf an .		amendment if not contained in	n the amendment itself:	<del></del>
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prov	visions for implementing the a			
prov	(if not applicable, indicate N/A			

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The date of each amendment(s) adopt date this document was signed.	ion: <u>6/5/24</u>	, if other than
Effective date if applicable:		
	(no more than 90 days afte	er amendment file date)
Note: If the date inserted in this block document's effective date on the Depart		ntory filing requirements, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	l by the incorporators, or board of di	lirectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffici		of votes east for the amendment(s)
☐ The amendment(s) was/were approve must be separately provided for each		
"The number of votes cast for t	the amendment(s) was/were sufficient	ent for approval
by	(voting group)	·``
	(roung group)	
Dated $S/z^{-}$	7/24	
Signature	lichael Kurala	1
	or, president or other officer - if die	
	an incorporator – if in the hands of	a receiver, trustee, or other court
appointed i	iduciary by that fiduciary)	
	Michael Kir	gu/
	(Typed or printed name of pe	erson signing)
/		
	Prosident	

(Title of person signing)