P930001898

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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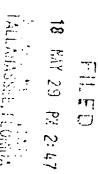
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MAY 31 2018 S. YOUNG



COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPO	PRATION: EXOTICSCAPET	NC. LANDSCAPE ARCHI		
DOCUMENT NUM	1BER:			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	ROBERTO PORCARI			
		Name of Contact Person	1	
	EXOTICSCAPE INCLAN	DS <u>CAPE DESIGN & INST</u>	ALLATION	
	 	Firm/ Company		
	181 HARBOR DRIVE			
		Address		
	KEY BISCAYNE FL 33149			
		City/ State and Zip Code	e	
RPG	ORCARI@AOL.COM			
	-	sed for future annual report	notification)	
For further informati	on concerning this matter, plea		785-8250	
Name of Contact Person		Area Co) 785-8250 de & Daytime Telephone Number	
Enclosed is a check	for 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)	□S52.50 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

EXOTICSCAPE INC.-LANDSCAPE ARCHITECTURE

	v filed with the Florida Dept. of State)			
P93000001898				
(Document Number o	f Corporation (if known)			
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation adopts the fo	llowing a	ınıendi	ment(s)
. If amending name, enter the new name of the corporation:				
EXOTICSCAPE INC LANDSCAPE DESIGN & INSTALLATIO	N	7	he n	ew
ame must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or vord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name	the abbi must coi	reviati ntain 1	ion the
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)				-
		1 * 1	_ _ ~	-
Enter new mailing address, if applicable:);-	***1
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		- 	~~	
		<u> </u>	۵	_ ! लन
			7	
		55:1	Ÿ	_
. If amending the registered agent and/or registered office add			47	
new registered agent and/or the new registered office address	<u></u>			
Name of New Registered Agent				
(Florida st	ees address)			
New Registered Office Address:	, Florida	(Zip Cod		_
New Registered Office Address.	(City)			

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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		 -		
Add				
Remove				
2) Change		_		
Add				
Remove				
3)Change				
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change		-		
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(: (Be specific)				
					-
	· -				
	<u></u>				
				-	
					
					
					-
f an amendment provides for an exch	nange, reclassificati	on, or cancellat	ion of issued sh	ares,	
provisions for implementing the ame	ndment if not conta	sined in the amo	endment itself:		
(if not applicable, indicate N/A)					
		,			
	- <u>-</u> -		<u> </u>		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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 document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareho action was not required.	lder
The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	
Dated	
Signature	 -
(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	
ROBERTO PORCARI	
(Typed or printed name of person signing)	
VP	
(Title of person signing)	