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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: EXOTICSCAPE IN		& INSTALLATION	
DOCUMENT NUM	1BER: p93000001898			
The enclosed Article	es of Amendment and fee are sub	omitted for filing.		
Please return all corr	respondence concerning this mat	ter to the following:		
	ROBERTO PORCARI			
		Name of Contact Persor	1	
	EXOTICSCAPE INC-LANDSCAPE DESIG & INSTALLATION			
	Firm/ Company			
	181 HARBOR DRIVE			
	Address			
	KEY BISCAYNE FL 33149			
		City/ State and Zip Code	2	
	RPORCARI@AOL.COM			
	E-mail address: (to be us	ed for future annual report	notification)	
For further informat	ion concerning this matter, pleas	305	785-8250	
Name of Contact Person		at (	) de & Daytime Telephone Number	
Enclosed is a check	for the following amount made p		·	
□ \$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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, Fl. 32303

## Articles of Amendment to Articles of Incorporation of

## **EXOTICSCAPE INC. - LANDSCAPE DESIGN & INSTALLATION**

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

(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P93000001898		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Floridu Profit Corporation adopts the fo	llowing amendment(s) t
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 corporation name must	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		~ <u>~</u>
	<del></del>	
		5 :
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<del>-</del>
(maining dutiess MAY DI) A FORT OF FIEL 1904		<u>⊅</u> , ⊍ ,
		ဟု
		<del></del>
D. If amending the registered agent and/or registered office ad		
new registered agent and/or the new registered office addre	<u>ss:</u>	
Name of New Registered Agent		
(Florida s	street address)	
N D 1 / 1/202 4 / 1	771 - 1-1	
New Registered Office Address:	, Florida, Florida	(Zip Code)
		, , , ,
New Registered Agent's Signature, if changing Registered Ager	nt:	
I hereby accept the appointment as registered agent. I am familian		sition.
C	Deviational transfer if all marines	
Mgnature of New	Registered Agent, if changing	
Check if applicable		

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	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	D	THERESA GLAESER WYMER	185 SW 7TH UNIT 1408
Add			MIAMI. FL 33130-2970
Remove			<del></del>
2) Change			
Add			<del></del>
Remove 3 ) Change			
Add			
Remove			
4) Change		·	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	_
Add			
Remove			

an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
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	idoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirement repartment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the am ufficient for approval.	endment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendmen	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	·"	
, <u> </u>	(voting group)	
02/11/202 Dated		
selecti	director, president or other officer – if directors or officers have ed, by an incorporator – if in the hands of a receiver, trustee, or onted fiduciary by that fiduciary)	
	ROBERTO PORCARI	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	<del></del>