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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: EXOTICSCAPE IN	C-LANDSCAPE DESIG	N& INSTALLATION	
DOCUMENT NUM	P93000001898			
The enclosed Articles	of Amendment and fee are sub	omitted for filing.		
Please return all corre	spondence concerning this mat	ter to the following:		
	ROBERTO PORCARI			
		Name of Contact Persor	1	
	EXOTICSCAPE INC-LANDSCAPE DESIGN & INSTALLATION			
	Firm/ Company			
	179 HARBOR DRIVE			
		Address		
	KEY BISCAYNE FL 33149			
		City/ State and Zip Code	e	
	RPORCARI305@GMAIL.COM			
	E-mail address: (to be us	ed for future annual report	notification)	
P = 6	and the second s			
ror surmer information	on concerning this matter, pleas	e can:		
ROBERTO PORCARI		at (785-8250	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made p	payable to the Florida Dep	artment of State:	
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 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		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

EXOTICSCAPE INC-LANDSCAPE DESIGN & INSTALLATION

(Name of Corporation as	s currently filed with the Florid	ia Dept. of State)
P93000001898	•	
(Document)	Number of Corporation (if know	n)
Pursuant to the provisions of section 607,1006, Florida Statits Articles of Incorporation:	tutes, this <i>Florida Profit Corpor</i> d	ation adopts the following amendment(s)
A. If amending name, enter the new name of the corpor	ration:	
		The new
name must be distinguishable and contain the word "corpor "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviation	"Co". A professional corpore	orated" or the abbreviation Corp" ation name must contain the word
•		72
B. Enter new principal office address, if applicable:		——————————————————————————————————————
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>55</u>)	ms 3 O
		<u></u>
		
C. Enter new mailing address, if applicable:		Pro F
(Mailing address MAY BE A POST OFFICE BOX)		
· · · · · · · · · · · · · · · · · · ·		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.		the name of the
new registered agent and/or the new registered offic-	e address:	
Name of New Registered Agent		
	Florida street address)	
New Registered Office Address:		. Florida
New Kegisterea Office Haaress.	(City)	(Zip Code)
	,	•
New Registered Agent's Signature, if changing Register	ed Agent:	
l hereby accept the appointment as registered agent. I am	familiar with and accept the obt	ligations of the position.
	of New Registered Agent, if cha	· · · · · · · · · · · · · · · · · · ·

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= 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>	<u>John Doe</u>	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	5	THERASA GLAESER WYMER	185 SW 7TH UNIT 1408
Add	-		MIAMI, FL 33130-2970
X Remove			
2) Change	S	PETER SALOMON	642 MICHIGAN AV. APT 12
X Add			MIAMI BEACH, FL 33139
Remove 3) Change			
Add			
Remove			<u></u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

macii aaaaan	al sheets, if necessary). (Be specific)	
		-
		
		- 10
f an amundni	ent provides for an exchange, reclassification, or cancellation of issued shar	·p¢
nrovisions fo	implementing the amendment if not contained in the amendment itself:	<u> </u>
(if not ap	olicable, indicate N/A)	
	· · · · · · · · · · · · · · · · · · ·	
		

The date of each amendment(s date this document was signed.	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date	<u> </u>
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirement Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the an e sufficient for approval.	nendment(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	ng statement nt(s):
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by	· · · · · · · · · · · · · · · · · · ·	
11/08/2 Dated Signature	all L.	
sele	a director, president or other officer – if directors or officers have ected, by an incorporator – if in the hands of a receiver, trustee, or ointed fiduciary by that fiduciary)	
	ROBERTO PORCARI	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	