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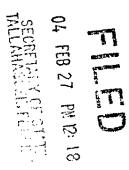
(Requestor's Name)
(Address)
(Address)
(
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Codified Conics Codificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	→	
SUBJECT: Adding Offic	er	<u> </u>
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this r	natter to the following:	
Kathy Quar	of Person)	
HoseRuster Ir	irm/Company)	dscaping Inc
2895 Ravinos	s Road	······································
Middle Durg (City/State	FL 32068 and Zip Code)	
For further information concerning this matter, ple	ease call:	
Phil Quarles (Name of Person)	at (904) 759- (Area Code & Daytime T	elephone Number)
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\sum \text{S43.75 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	Street Address Amendment Section	
Division of Corporations	Division of Corporations	

409 E. Gaines Street

Tallahassee, FL 32399

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

Hosp Busters Irrigation & Landscaping Inc.
(Name of corporation as currently filed with the Florida Dept. of State)

(Name of corporation as currently fried with the Florida Dept. of State)	
TAS CA	
(Document number of corporation (if known)	1 8
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:	
NEW CORPORATE NAME (if changing):	5
(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")	·
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	
Please add following officer	
Katherine M Quarles Vice President C	THIE)
2895 Ravines Road	in a second
Micheleburg FL 32068	
904-291-1965	- 1
The state of the s	n n _{n,} n, n n e ca bil
	· · · · · · · · · · · · · · · · · · ·
	المخدد
(Attach additional pages if necessary)	
If an amendment provides for 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	4)
and the second s	. <u> </u>
	المراد ا

(continued)

The date of each amendment(s) adoption: 1-1-2004
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval by
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signed this
selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Tohn P. Quarles (Typed or printed name of person signing)
Owner President (Title of person signing)

FILING FEE: \$35