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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: GARDENSCAPES & SERVICES, INC DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JASON CATARINEAU Name of Contact Person CATARINEAU & CATARINEAU, LLC Firm/ Company 91750 OVERSEAS HIGHWAY Address TAVERNIER, FL 33070 City/ State and Zip Code JASON@TAXCATCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JASON CATARINEAU Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$43.75 Filing Fcc &. □\$52.50 Filing Fee \$35 Filing Fee □\$43.75 Filing Fee & Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

GARDENSCAPES & SERVICES, INC.

	(Document Number of Corporation (if known)
	(Document Funition of Corporation (II Known)
ursuant to the provisions of section 607.100 s Articles of Incorporation:	36, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
. If amending name, enter the new name	of the corporation:
	The new
	the word "corporation," "company," or "incorporated" or the abbreviation on "Corp," "Inc," or "Co". A professional corporation name must contain the a," or the abbreviation "P.A."
. Enter new principal office address, if a Principal office address MUST BE A STRE	
. Enter new mailing address, if applicab	de:
(Mailing address MAY BE A POST OF)	FICE BOX) GardenScapes and Services, Inc.
(Mailing address <u>MAY BE A POST OF I</u>	P.O. Box 343482
(Mailing address <u>MAY BE A POST OF I</u>	
(Mailing address <u>MAY BE A POST OF I</u>	P.O. Box 343482
. If amending the registered agent and/or	P.O. Box 343482 Homestead, Fl 33034 r registered office address in Florida, enter the name of the
	P.O. Box 343482 Homestead, Fl 33034 r registered office address in Florida, enter the name of the
. If amending the registered agent and/or	P.O. Box 343482 Homestead, Fl 33034 r registered office address in Florida, enter the name of the
. If amending the registered agent and/or new registered agent and/or the new re	P.O. Box 343482 Homestead, Fl 33034 r registered office address in Florida, enter the name of the
. If amending the registered agent and/or new registered agent and/or the new re	P.O. Box 343482 Homestead, Fl 33034 r registered office address in Florida, enter the name of the
. If amending the registered agent and/or new registered agent and/or the new re Name of New Registered Agent	P.O. Box 343482 Homostoad, F1 33034 r registered office address in Florida, enter the name of the registered office address: (Florida street address)
. If amending the registered agent and/or new registered agent and/or the new re	P.O. Box 343482 Homostoad, F1 33034 r registered office address in Florida, enter the name of the registered office address:
. If amending the registered agent and/or new registered agent and/or the new re Name of New Registered Agent	P.O. Box 343482 Homostoad, F1 33034 r registered office address in Florida, enter the name of the egistered office address: (Florida street address) Florida
. If amending the registered agent and/or new registered agent and/or the new re Name of New Registered Agent	P.O. Box 343482 Homestead, F1 33034 r registered office address in Florida, enter the name of the egistered office address: (Florida street address) Florida
. If amending the registered agent and/or new registered agent and/or the new re Name of New Registered Agent New Registered Office Address:	P.O. Box 343482 Homostoad, F1 33034 r registered office address in Florida, enter the name of the gistered office address: (Florida street address) (City) Florida (Zig Goide)
. If amending the registered agent and/or new registered agent and/or the new re Name of New Registered Agent New Registered Office Address:	P.O. Box 343482 Homostead, F1 33034 r registered office address in Florida, enter the name of the registered office address: (Florida street address) (City) (City) (City) (City) (City) (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	PT	John Doc	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	GARRET TREZONA	1 H 55 SW 288 ST
X Add			HOMESTEAD, FL 33030
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

[famending or adding additional Arti Altach additional sheets, if necessary).	(He specific)	
4		
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		•
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:	
(if not applicable, indicate N/A)		

	8/28/19
The date of each amendment(s) adoption:, if other than the
date this document was signed.	
	8/28/19
Effective date if applicable:	(no more than 90 days after amendment file date)
	(ni) more man 30 days after americanem file date)
	his block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement if for each voting group entitled to vote separately on the amendment(s):
	east for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder action and shareholder action and shareholder
action was not required.	
	1 28, 2019
Signature	a director, president or other officer – if directors or officers have not been
scl	ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	DON TREZONA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

. . . .