P97000102360

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Urban Horticultural Services, Inc				
DOCUMENT NUMBER: P97000102360				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Barbara Pullara Name of Contact Person				
Name of Contact Person				
Urban Horticultural Services, Inc				
2 - 2				
PO BOX 146				
Safety Harbor FL 34695				
City/ State and Zip Code				
PULSOC @ Verizon net E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Barbara Pullara a1 (727) 726-6512				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee				
Mailing Address Amendment Section Street Address Amendment Section				

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

Urban Horticultural Services 11	nc.	
(Name of Corporation as current)	ly filed with the Florida Dept. of State)	
P97000102360		
(Document Number o	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following a	amendment(s) to
A. If amending name, enter the new name of the corporation:		
NIΔ	7	The new
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". Inchartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation A professional corporation name must contain	"Corp.,"
B. Enter new principal office address, if applicable:	NIA	
(Principal office address MUST BE A STREET ADDRESS)	C	
		2 —-
C. Enter new mailing address, if applicable:	. () 4	
(Mailing address MAY BE A POST OFFICE BOX)	N I A	
		8: <u>5</u> 0
		30
		
D. If amending the registered agent and/or registered office add		
new registered agent and/or the new registered office address	<u>s:</u>	
Name of New Registered Agent NA		
1.1	reet address)	
New Registered Office Address: NA	, Florida	
	(City) (Zip Cod	de)
Now Designated Agent's Cignoture if shanging Designared Agent		
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	<u>u</u> with and accept the obligations of the position.	
Sign at time of Many B	Registered Agent, if changing	
Signature of New K	кедылегей ядет, у спандту	
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>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		Peter Pullara, Jr	1015 Cherokee St.
✓ Add			Safety Harbor FL 34695
Remove 2) Change Add	<u>S</u>	Barbara Allara	1015 Cherokee St Salety Harbor FC 34695
Remove 3) Change			
Add Remove			
4) Change		-	
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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an amendment provides for an	exchange reclassifics	tion, or cancellation	of issued shares.	
provisions for implementing the	amendment if not co	tained in the ameno	iment itself:	
provisions for implementing the (if not applicable, indicate N/)			
IJA				
				
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				J.

The date of each amendment(s) adoption:	08-08-3030	, if other than the
late this document was signed.	- 08 - 3070	
	(no more than 90 days after amendment fi	ile date)
Note: If the date inserted in this block does locument's effective date on the Department	not meet the applicable statutory filing requ of State's records.	nirements, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by the action was not required.	he incorporators, or board of directors without	t shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for	he shareholders. The number of votes cast for or approval.	the amendment(s)
	the shareholders through voting groups. The ng group entitled to vote separately on the am	
"The number of votes cast for the an	nendment(s) was/were sufficient for approval	
by NA	voting group)	,,
(v	oting group)	
Dated 9-10-20)PV	
Signature	>	
(By a director, pr selected, by an ir	resident or other officer – if directors or officen neorporator – if in the hands of a receiver, trus ary by that fiduciary)	
Pete	(Typed or printed name of person signing)	
<u> </u>	resident	
	(Title of person signing)	