P99000022174

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	S ation:	mith LandScape Services	s, inc.	
	CUMENT NUMBER: P99 0000 22174			
The enclosed Articles of	*Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
_	<u>ග</u>	HARON PAWA	lino	
	SMITH O	Name of Contact Perso ANDSCAPE S	Barines Inc	
_		Firm/ Company		
_		700 47th St	REET NOLTH	
	- /	Address	_	
_	Clea	rwater R :	33762	
_		City/ State and Zip Cod	e	
	SPALONINDESM	11HU CANDSCAPES	ENVICES COM	
		sed for future annual report		
	concerning this matter, pleas PAWMINO	se call;		
31/410010	1AWMINU	at (<u>727</u>) 440-6565	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:	
S35 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		Street	Address	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

Smith LandScape Services, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P990000 Z Z 174
(Document Number of Corporation (if known)

dment(s) to

N/A	ne of the corporat		
name must be distinguishable and conta	in the word "cor	nordian" "company" or	"incorporated" or the abbrevi
"Corp.," "Inc.," or Co.," or the designat word "chartered," "professional association	tion "Corp," "Inc	," or "Co". A professiona	
B. Enter new principal office address, if Principal office address <u>MUST BE A STI</u>			
C. Enter new mailing address, if applica	n bolar	1	
(Mailing address MAY BE A POST O		NA	
			
If amending the registered agent and/ new registered agent and/or the new			r the name of the
			r the name of the
new registered agent and/or the new	registered office a	address:	r the name of the
new registered agent and/or the new Name of New Registered Agent	registered office a		
new registered agent and/or the new	registered office a	address:	r the name of the Florida(Zip Code)
new registered agent and/or the new Name of New Registered Agent	registered office a	orida street address)	
new registered agent and/or the new Name of New Registered Agent New Registered Office Address:	registered office 2 N/A (File	orida street address) (City)	
Name of New Registered Agent	registered office a N/A (File	orida street address) (City) Agent:	Florida(Zip Code)

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> <u>Jo</u>	ohn Doe	
X Remove	<u>V</u> <u>N</u>	like Jones	
X Add	<u>SV</u> <u>S</u>	ally Smith	
Type of Action (Check Qne)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	FRANK K. SMITH	10700 47M STreet N. Clearwatere Pr 33762
Add			Clearwater R 33762
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amending or adding additional A</u> (Altach <i>additional sheets, if necessary</i>	y). (Be specific)	
NA		
- 	· · · · · · · · · · · · · · · · · · ·	
wit.		
		
**		
		<u>-</u>
. If an amendment provides for an ex	xchange, reclassification, or cancellation of issued shares,	
provisions for implementing the ar	mendment if not contained in the amendment itself:	
(if not applicable, indicate N/A))	
NA		
17-1		

The date of each amendment(s) acd date this document was signed.	loption: <u>10-22-18</u>	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	block does not meet the applicable statutory filing requirements partment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amer officient for approval.	ndment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and sh	areholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	older
Dated	0/02/2018	
Signature		
	irector, president ar other officer - if directors or officers have n	
	 d. by an incorporator – if in the hands of a receiver, trustee, or ot ted fiduciary by that fiduciary) 	her court
	FRANK K. SMITH	
	(Typed or printed name of person signing)	
	mesons	
	(Title of person signing)	