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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CASTILLO LAN	DSCAPING CORP	
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are so	abmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	RONIEL CASTILLO		
		Name of Contact Person	n
	CASTILLO LANDSCAPING CORP		
		Firm/ Company	
	70 WEST 39TH PLACE		
Address			
	HIALEAH, FL 33012		
		City/ State and Zip Cod	e
For further information	E-mail address: (to be un concerning this matter, plea	sed for future annual report se call:	notification)
RONIEL CASTILLO		at (_ <i>30</i> 5	,776-0502
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 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)
Ame Divis P.O.	ndment Section sion of Corporations Box 6327 abassee, FL 32314	Amend Divisio Clifton	Address Innent Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

CASTILLO LANDSCAPING CORP

99900098196	rrently filed with the Florida Dept. of State)	
(Document Num	nber of Corporation (if known)	·
tursuant to the provisions of section 607.1006. Florida Statutes Articles of Incorporation:	s, this Florida Profit Corporation adopts the fo	ollowing amendment(s)
A. If amending name, enter the new name of the corporation	<del>Dn:</del>	
ame must be distinguishable and contain the word "corpe Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.' ord "chartered," "professional association," or the abbrevia	" or "Co". A professional corporation name	The new the abbreviation must contain the
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )		<u></u>
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )		18 24
. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	e address in Florida, enter the name of the ldress:	SEP 28 A
Name of New Registered Agent		· · · · · · · · · · · · · · · · · · ·
		원 - 26
	ida street address)	
New Registered Office Address:	, Florida, 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: XChange	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	PEDRO CASTILLO	760 WEST 39TH PLACE
Add			HIALEAH, FL 33012
X Remove			<del>-</del>
2) Change	P	RONIEL CASTILLO	760 WEST 39TH PLACE
X Add			HIALEAH, FL 33012
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
<del></del>		
10.70		
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,	
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
AFF-11-1		
		<del>,</del> -

The date of each amendment(s) addate this document was signed.	loption:	, if other than the
·	4/2018	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	,
"The number of votes east	for the amendment(s) wes/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
09/14/2018 Dated		
Signature /	Ponil Cartllo	
selecte	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	RONIEL CASTILLO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>