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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Royal 6 DOCUMENT NUMBER: ? Pago	reen Landscape & Pest Myml, inc
The enclosed Articles of Amendment and fee are su	
-	_
Please return all correspondence concerning this ma	-
<u>bavid</u>	Harper
Royal Green	Har pet Name of Contact Person Landscaps. & Pest Mant, inc Firm/ Company
4244	Bandy Blud
	Address
Fort Pier	City/State and Zin Code
	City/ State and Zip Code
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, pleas	se call:
Lavid Harper	at (772) 370 6768
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 □\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status
Mailing Address	Street Address
Amendment Section	Amendment Section Division of Corporations
Division of Corporations P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

FILED

Articles of Amendment 18 MAY 14 AM 9: 5%

Articles of Incorporation SECRETARY CATESTATES OF TALL ARASSES FLORIDA

- Royal Grun	-and scal	es & Peat mant, Inc.
(Name of Co	orporation as currently t	iled with the Florida Dept. of State)
	(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607,1006 its Articles of Incorporation:	6, Florida Statutes, this <i>Fl</i>	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name	of the corporation:	
$\mathcal{N}\mathcal{A}$		The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designatio word "chartered," "professional association.	n "Corp." "Inc." or "Ce	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the A."
B. Enter new principal office address, if ap (Principal office address <u>MUST BE A STRE</u>		FORT PIERCE, FL 34981
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)		4244 Bandy Blud Fort Pierce, FL 34981
D. If amending the registered agent and/or new registered agent and/or the new re		s in Florida, enter the name of the
Name of New Registered Agent	NA	
	(Florida street	
New Registered Office Address:		, Florida [ity) (Zip Code)
New Registered Agent's Signature, if change thereby accept the appointment as registered.	l agent. I am familiar wit	
	Signature of New Reg	ristered Agent, if changing

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.

X Change	<u>PT</u>	John Doc		
X Remove	\underline{V}	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change		NA		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add	_			
Remove				
6) Change			 	
Add				
Remove				

(Attach additional s	ing additional Articles, enter change(s) here: eets, if necessary). (Be specific)	
ALLRESS (hange only	
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-		
		
	rovides for an exchange, reclassification, or cancellation of issued shares, lementing the amendment if not contained in the amendment itself:	
(if not applied	ale indicate N/A)	
Hddress	change only	
	····	

The date of each amendment(s) adoption: 5/1/18	, if other than the
date this document was signed.	
Effective date if applicable: 5/1/18	
Effective date if applicable: 5 / / X (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wildocument's effective date on the Department of State's records.	rill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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)	
(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.	
Dated5/10/18	
Signature David Larpe	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed (iduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Pres/OUNER	
(Title of person signing)	_