Vasa

(Requ	iestor's Name)	
(Addre	ess)	
(Addin	ess)	
(City/S	State/Zip/Phone #)	
PICK-UP	TIAW [MAIL
(Busin	ness Entity Name)	
(Docu	ment Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fil	ing Officer.	

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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: PERSICA Landscaping Co. INC. DOCUMENT NUMBER: V25936
1/250310
DOCUMENT NUMBER: VASU
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RICHARD A. GLOVER
Name of Contact Person
Same
6 Firm/ Company
Firm/ Company PO BOX 12612 Address TALLAHASSE, FL 32317 City/ State and Zip Code
Address
ALLAHASSE, FL 32317
•
Victorial a glover cpa pa & yahow. Con E-mail address: (to be used for future annual report hotification)
For further information concerning this matter, please call:
Same at 850, \$50 - 4300
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:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
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

Articles of Amendment

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Articles of Incorporation

(Same of Corporation as currently I	ed with the Florida Dept. of State)
(Document Number of	Corporation (if known)
suant to the provisions of section 607,1006, Florid Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendmen
PERSICA LANDSCAPE	NURSERY Co., N.C. The new de "corporation," "company," or "incorporated" or the abbreviation
ne must be distinguishable and contain the wo. Orp.," "Inc.," or Co.," or the designation "Corp. d "chartered," "professional association," or the	The, or "Co". A professional corporation name must contain the
Enter new principal office address, if applicabl incipal office address MUST BE A STREET AD	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	No changes
If amending the registered agent and/or registered new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
w Registered Agent's Signature, if changing R	vistered Agent:

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>	John Doe				
\underline{X} Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	<u>Nan</u>	<u>ne</u>		<u>Addres</u> s	
1) Change		_				
Add Remove						
2) Change					<u></u>	
Remove				MA		
3) Change Add Remove						
4) Change		····				
Add						
5) Change						
Remove						
6) Change						
Remove						

Attach additional sheets, if necessary). (Be specific)			
		<u> </u>		
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				-
				
If an amendment provides for an	exchange, reclassif	ication, or cancell:	ntion of issued shares	<u>t,</u>
provisions for implementing the (if not applicable, indicate No	amendment if not o	contained in the ar	nendment itself:	
(η ποι αρριπτάστε, παίστιε τν	7)			
	·			
			· 	
				
				

are this document was signed.	
ffective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
option 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 east for the amendment(s) fficient 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 cust	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
action was not required.	spice by the meorporators without shareholder action and shareholder
Dated	06/21/17
Signature (By a d	G 21/17 C 24 Company of the court of directors or officers have not been ad, by an incorporator — if in the hands of a receiver, trustee, or other court
	ted fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

than the