V28607

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COVER LETTER

TO: Amendment Section Division of Corporations BUFFINGTON EXPERIENCED LANDSCAPING INC NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: John E Buffington Name of Contact Person Buffington Experienced Landscaping, Inc Firm/ Company 5650 Oesterle Road Address Saint Cloud, FL 34771 City/ State and Zip Code expland@aoi.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John E Buffington 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 & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

Mailing Address

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

(Additional copy is

enclosed)

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

Certified Copy

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

Buffington Experienced Landscaping, In	С.		
(Name	of Corporation as curre	ntly filed with the Florida Dept. of St	ate)
V28607			The same
	(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, th	nis <i>Florida Profit Corporation</i> adopts the	he following amendment(s) to
A. <u>If amending name, enter the new name</u> ,	me of the corporation:		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associated B. Enter new principal office address, (Principal office address MUST BE A Section 2015 C. Enter new mailing address, if apple (Mailing address MAY BE A POST)	ation "Corp," "Inc." or tion," or the abbreviation if applicable: TREET ADDRESS)	r "Co". A professional corporation n	
D. If amending the registered agent as new registered agent and/or the new Name of New Registered Agent			<u>he</u>
tiume of from Regimered Agent	5650 Oesterle Road		
	(Florida	street address)	
New Registered Office Address:	Saint Cloud	. Floric	34771
TON TOE MESS.		(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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 <math>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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	PTSD	_	Ed Buffington	5650 Oesterle Road
Add X Remove				Saint Cloud, FL 34771
2) Change	PTSD	<u></u>	John E Buffington	5650 Oesterle Road
X Add				Saint Cloud, FL 34771
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				The state of the s
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
N/A	(
	. Will the control of	
4-1		
PROMOTE A LABOR.		
1 Type (Printed To To Affect days)		
if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an additional indication of issued shares, and an addition of issued shares, and an additional indication of issued shares, and an additional indication of issued shares, and an addition of issued shares, and an additional indication of issued shares, and an additional indication of issued shares, and an addition of issued shares, and addition of its electric shares, and addition of its electric shares and addition of its electric shares.	
N/A		
727		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(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 document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendme by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement en
"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.	older
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
06/02/2015 Dated	
Signature 15 M	
By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other c appointed fiduciary by that fiduciary)	en ourt
John E Buffington	
(Typed or printed name of person signing)	
PTSD	

(Title of person signing)