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(ке	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: Sunset Lawn Care	of Englewood, Inc.			
DOCUMENT NUME					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	John M. Edwards				
		Name of Contact Person			
Firm/ Company					
	63 Caddy Rd				
		Address			
	Rotonda West, FL 33947				
		City/ State and Zip Code	,		
<u></u>	F-mail address: (to be us	sed for future annual report	notification		
	is-man address. (to be ds	sed for future annual report	nottiteation)		
For further information	n concerning this matter, pleas	se call:			
John M Edwards		at (
Name o	of Contact Person	Area Coo	le & 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	□\$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			<u>Address</u>		
	ndment Section	, ,	ment Section		
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building					
	hassee, FL 32314		Recutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Sunset Lawn Care of Englewood, Inc.

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P03000121729	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporati" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	63 Caddy Rd
(Principal office address MUST BE A STREET ADDRESS)	Rotonda West, FL 33947
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	63 Caddy Rd
	Rotonda West, FL 33947
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address John M. Edwards	
Name of New Registered Agent 63 Caddy Rd	
	reet address)
Rotonda West	33947
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar Signature of New	

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	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Harold Burfeind	10349 Greenway Ave
Add X Remove			Englewood, FL 34224
·2) Change	P	John M. Edwards	63 Caddy Rd
X Add			Rotonda West, FL 33947
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove		•	
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here (Be specific)	r		
			_	
		<u> </u>		
			_	
	assas,		.	
				
If a <u>n am</u> endment provides for an exch	ange, reclassification, or	cancellation of issued s	hares,	
(if not applicable, indicate N/A)	ndment if not contained in	the amendment itself	<u>.</u>	
1		-	-	
		<u> </u>		

07/23/2015			
The date of each amendment(s) adoption:			, if other than the
date this document was signed.		DIVISION OF	TY OF SUPPLY
Effective date if applicable:		- 1/2 	
(no more than 90 days after	amendment file date)	15 JUL 31	PM 12: 54
Note: If the date inserted in this block does not meet the applicable statuto document's effective date on the Department of State's records.	ry filing requirements,	this date will r	not be listed as the
Adoption of Amendment(s) (CHECK ONE)			
■ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	votes cast for the amen	dment(s)	
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separate			
"The number of votes cast for the amendment(s) was/were sufficient	for approval		
by	**		
by(voting group)	 •		
☐ The amendment(s) was/were adopted by the board of directors without shat action was not required.	reholder action and sha	reholder	
☐ The amendment(s) was/were adopted by the incorporators without shareho action was not required.	lder action and shareho	lder	
07/23/2015 Dated Signature	mt		_
(By/a director, president or other officer - if direct			
selected/by an incorporator – if in the hands of a	receiver, trustee, or oth	er court	
appointed fiduciary by that fiduciary)			
John M. Edwards			
(Typed or printed name of personal control of the c	son signing)		
President			
(Title of person sig	gning)		· · · · · · · · · · · · · · · · · · ·