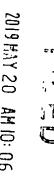
## P130000 48620

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<u>(</u>	OVER LETTER
TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: LAWN RESCUE PLUS I	NC L
DOCUMENT NUMBER: P13000048620	
The enclosed Articles of Amendment and fee are submitted	d for filing.
Please return all correspondence concerning this matter to	 the following: 
JACQUELINE ROSADO	
Nai Nai	ne of Contact Person
PROFFESSIONALLEGAL GROU	 
	Firm/ Company
301 NE 79TH ST SUITE #2	
MIAMI, FL 33138	Address
City	State and Zip Code
JACQUI@TAXHOUSEMIAMI.COM	
E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please call:	
JACQUELINE ROSADO	at (786 ) 615-2009
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:
Certificate of Status Co (A	3.75 Filing Fee & S52.50 Filing Fee rtified Copy Certificate of Status dditional copy is Certified Copy closed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

2019 MAY 20 AM 10: 06

## LAWN RESCUE PLUS INC

(Name of Corporation as currently filed with the Florida Dept. of State) P1300048620 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: PROFFESSIONAL LEGAL GROUP Name of New Registered Agent 301 NE 79TH ST, SUITE #2 (Elorida street address) , Florida\_ 33138 MIAMI New Registered Office Address: (City) 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

Executive Officer; CFC held. President, Treasus	lirector title Presiden Presiden Precif Prec	le by the first lette, i; T= Treasurer; . Financial Officer, or would be PTD, dlowing manner, sorporation, Sally lly Smith, SV as at	S= Secretary; D= Dire  If an officer/director  Currently John Doe is  Smith is named the V o	petor: TR= Trustee; C = Chairman or Clerk; CEO = Chief holds more than one title, list the first letter of each office listed as the PST and Mike Jones is listed as the V. There is and S. These should be noted as John Doc, PT as a Change,
X Change	<u>b.L</u>	John Doe	<b>(</b> `	
X Remove	<u>V</u>	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	P	RONA	ALD GILMORE	12534 SW 27 ST
Add				MIAMI, FL 33175
X Remove				
	P	GIOR	GIO M. ÇESTI	12534 SW 27 ST
2) X Change				MIAMI, FL 33175
Add				
Remove				
3 ) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

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)

(Attach additional sheets, if necessary). (Be sp	pecific)
i/A	
If an amandment receider for an avahance re	popularities tion or concollation of issued shares
provisions for implementing the amendment	eclassification, or cancellation of issued shares, if not contained in the amendment itself:
(if not applicable, indicate N/A)	The state of the s
A	
A	
	1

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date <u>if applicable</u> :	
(no n	nore than 90 days after amendment file date)
Note: If the date inserted in this block does not mee document's effective date on the Department of State's	t the applicable statutory filing requirements, this date will not be listed as the records.
Adoption of Amendment(s) (CHECK (	ONB)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for approva	
☐ The amendment(s) was/were approved by the share must be separately provided for each voting group	holders through voting groups. The following statement entitled to vote separately on the amendment(s):
"The number of votes east for the amendment	(s) was/were sufficient for approval
by	
(voting gre	p(p)
☐ The amendment(s) was/were adopted by the board of action was not required.	of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporaction was not required.	orators without shareholder action and shareholder
05/16/2019 Dated	
Signature S Costi	
(By a director, president o	r other officer – if directors or officers have not been or – if in the hands of a receiver, trustee, or other court t fiduciary)
GIORGIO M. CES	STI STI
(Typed	or printed name of person signing)
VICE PRESIDEN	T
	(Title of person signing)