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Amend

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### **COVER LETTER**

Division of Corporations Services, Inc. The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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 Certificate of Status Certified Copy Certified Copy (Additional copy is

enclosed)

## **Mailing Address**

TO: Amendment Section

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

(Additional Copy

is enclosed)

# Articles of Amendment

to

# Articles of Incorporation

of

B LANGFORD LAWN S	prvices In)C.
(Name of Corporation as currently	filed with the Florida Dept. of State)
D14000092108	·4
(Document Number of C	Corporation (if known)
(120 current remoter of C	corporation (ir Known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
$\rho / c$	The new
name must be distinguishable and contain the word "corporation,	
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co	o". A professional corporation name must contain the
word "chartered," "professional association," or the abbreviation "P.	A."
B. Enter new principal office address, if applicable:	$\Omega \setminus A$
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
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C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	nla Stor
(Matting dataress MAT BE A FOST OF FICE BOX)	
	and the second s
D. If amending the registered agent and/or registered office address	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
(Florida stree	t address)
11 (0) 224 58 20	· <b>uu</b> u, o.u.,
New Registered Office Address:	Florida
(0	City) (Zip Code)
Non-Borden 14 41 61 a 16 1 b D 14 14 a	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
The state of the s	
1	
N/A	
Signature of New Reg	gistered 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 Fixecutive 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					
X Add	<u>sv</u>	Sally Smith					
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s				
1) Change	7	William Terry	371 274h St NU				
$\bigwedge$ $\wedge$		langtord	naples FC				
Remove			34120				
2) Change	<del></del>						
Add							
Remove							
3 ) Change							
Add							
Remove							
4) Change							
Add							
Remove			<del></del>				
5)Change	<del></del>	•					
Add							
Remove							
6) Change							
Add							
Remove							

	ets, if necessary).	(Be specific)			
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	vides for an eycha	nge reclassificatio	on or cancellation	aficemed chares	
lf an amendment neo	VICES TOT BIT CACIF	dment if not conta	ined in the amend	ment itself:	
If an amendment pro	menting the amen	ument ii not conta			
If an amendment pro provisions for imple (if not applicable	menting the amen :, indicate N/A)				
provisions for imple	menting the amen	2/6			
provisions for imple	menting the amen	2/6			
provisions for imple	menting the amen				
provisions for imple	menting the amen	2/8			
provisions for imple	menting the amen	2/8			
provisions for imple	menting the amen	A / A			
provisions for imple	menting the amen	A / C			

The date of each amendment(s) adoption: date this document was signed.	_, if other than the
Effective date if applicable: (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 will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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)	
☐ 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.	
Signature  (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 fiduciary by that fiduciary)	_
(Typed or printed name of person signing)	
(Title of person signing)	
(True of person signing)	