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TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: American Land Renovations Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: James K. Wetherington Jr.
Name of Contact Person Firm/Company

6850 NW 80th Gtreet

Address Chiefland FL 33/10260
City/ State and Zip Code Wethering ton accommod 1. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Torres K. Wetnerington Trat (350) 440-9404

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 (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to **Articles of Incorporation**

of

American Land Renova (Name of Corporation as currently)	tions Inc.
Δ	filed with the Florida Dept. of State)
Pa3000038457	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The, new
name must be distinguishable and contain the word "corporation," "cor" "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A proceed," "professional association." or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	<u>ω</u>
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	<u> </u>
	2.
	37 =
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	Wetherington Ir.
(Florida street	305 Street, Chiefland FL 3060
New Registered Office Address:	, Florida
(C	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
Signature of New Reg	istered Agent, if changing
Churk if applicable	

☐ The amendment(s) is/are being filed pursuant to s, 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	PT	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	Address
1) Change	P	Aiden K. James	5450 NW 140±5+. Chieriana Fl 33626
Add			Chierland Fl 33626
Remove 2) Change	<u>P</u>	James K. Wethering	ton 6850 NW80th Gr. Chiefford FL 30606
Add Remove 3) Change			
Add			
Remove			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
-	
<u></u>	
	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	

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)
Note: If the date inserted in this block does not meet the applicable st document's effective date on the Department of State's records.	atutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of action was not required.	f directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The numb by the shareholders was/were sufficient for approval.	er of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vo must be separately provided for each voting group entitled to vote sep	
"The number of votes cast for the amendment(s) was/were suffi	cient for approval
by	
(voting group)	
Dated 5-17-7023	
Signature 2	
(By a director, president or other officer – if selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	
	f person signing)
(Typed or printed name o	f person signing)
Preside	*n+
(Title of person signing)	

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