K 65571

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COVER LETTER

TO: Amendment Section

Division of Corporations

	•		
NAME OF CORPO	RATION: LRE Ground Servi	ces, Inc.	
DOCUMENT NUM			
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Darryl W. Johnston, Esq.		
		Name of Contact Person	n
	Johnston Law Group, P.A.		
		Firm/ Company	
	29 S. Brooksville Avenue		
	Address		
	Brooksville, FL 34601		
		City/ State and Zip Cod	е
	dwj@djohnstonlaw.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Darryl W. Johnston		at (³⁵²	796-5124
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	iling Address endment Section vision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment

Articles of Incorporation

of

LRE Ground Services, Inc.	
(Name of Corporation as co	urrently filed with the Florida Dept. of State)
K65571	
(Document Nu	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	ion:
Lar-Ray's I, Inc.	The new
	ion," "company," or "incorporated" or the abbreviation "Corp" Co". A professional corporation name must contain the word "P.A."
B. Enter new principal office address, if applicable:	795 Collary Rd. #304
(Principal office address <u>MUST BE A STREET ADDRESS</u>	
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	
new registered agent and/or the new registered office a	
	n L. Woolever
795	Collany Rd. # 304 pridu street address)
New Registered Office Address: Tierro	verde , Florida 33715
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	Agent: miliar with and accept the obligations of the position.
Signature of	New Registered Agent, if changing
Check if applicable	Č.
\square The amendment(s) is/are being filed pursuant to s. 607.012	
	~

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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Frank V. Vitale	1115 S. Main Street
Add			Brooksville, FL 34601
x Remove			
2) Change	S	Rosemary A. Woolever	1115 S. Main Street
Add			Brooksville, FL 34601
X Remove 3) Change	•		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			***************************************
Add			
Remove			

ttach additional sheets, if necessary,	rticles, enter cha). <i>(Be specific)</i>				
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			-		
				<u>.</u>	
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······································					
an amendment provides for an ex	change, reclassif	ication, or cance	llation of issued s	hares.	
provisions for implementing the ar	nendment if not	contained in the	amendment itself	<u>.</u>	
(if not applicable, indicate N/A)					
N/a					
					
				,	
		. -			
					

The date of each amendment(s) ado date this document was signed.	August 3, 2020 ption:	, if other than the
Effective date <u>if applicable</u> :	(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 bloc document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this artment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without shareholder	action and shareholder
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendm cient for approval.	ent(s)
	ved by the shareholders through voting groups. The following statch voting group entitled to vote separately on the amendment(s):	tement
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	·	
	(voting group)	
selected, E	opr, president or other officer – if directors or officers have not be by an incorporator – if in the hands of a receiver, trustee, or other offiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	President (Title of person signing)	