K73002

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(Ac	ldress)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TECHLAWN, INC	· · · · · · · · · · · · · · · · · · ·		
DOCUMENT NUM				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	John P. Maas, Esq.			
		Name of Contact Person	1	
	John P. Maas, P.A.			
	Firm/ Company			
	44 NE 16 Street			
		Address		
	Homestead, Florida 33030			
		City/ State and Zip Code		
	molly@snlbeans.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatic	on concerning this matter, pleas	se call:		
John P. Maas		at (247-7132	
Name	of Contact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 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 rision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

Articles of Amendment to Articles of Incorporation of

FILED

TECHLAWN, INC.

2021 DEC 10 AM 8: 47

(Name o	of Corporation as curren	tly filed with the Florida D	epti of State)
K73002		4! •	विष्ठहरी हो भिर्म
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006. Florida Statutes, thi	s Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered." "professional association,"	orp," "Inc," or "Co",	A professional corporation	ed" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		38909 SW 214 AVENUE	
		HOMESTEAD, FL 33	034
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		38909 SW 214 AVENUE	
		HOMESTEAD, FL 33034	
D. If amending the registered agent an			name of the
new registered agent and/or the nev	<u>w registered office addre</u>	<u>88:</u>	
Name of New Registered Agent	SALVATORE FINOCC	HIARO	
	38909 SW 214 AVENU		
	(Florida s	treet addressi	
New Registered Office Address:	HOMESTEAD		, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Ager	nt:	
Thereby accept the appointment as regist	ered ageni. Tam familiai f lllllle	with and accept the obligat	ions of the position.
9 /	Signature of New	Registered Agent, if changin	g
Check 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)

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 Doc 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	<u>PT</u> <u>Jol</u>	<u>nn Doe</u>	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	DP	NELSON P. TIMBANG	18455 SW 288 STREET
Add			HOMESTEAD, FL 33030
X Remove			
2) Change	<u>VP</u>	GWEN M. TIMBANG	18455 SW 288 STREET
Add			HOMESTEAD, FL 33030
X Remove	DP	SALVATORE FINOCCHIARO.	38909 SW 214 AVENUE
X Add		TRUSTEE	HOMESTEAD, FL 33034
Remove			
4) Change	DS/VP	LEONARD TALARICO, TRUSTEE	38909 SW 214 AVENUE
X Add			HOMESTEAD, FL 33034
Remove			
51 Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
PURSUANT TO A STOCK PURCHASE AGREEMENT, THE SHAREHOLDERS ARE:
Salvatore Finocchiaro as Trustee of the Revocable Trust Agreement of Salvatore Finocchiaro
dated December 22, 2009 - 50% AND Leonard Talarico as Trustee of the Amended and Restated
Leonard Talarico Revocable Trust dated June 5, 2012 - 50% .
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate NA)
N/A

.

	loption:	if other than th
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 bl document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date we partment of State's records.	ill not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action ar	nd shareholder
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by		
-	(voting group)	
DatedSignature	12/2/2021 June 11 els	
	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
	SALVATORE FINOCCHIARO, TRUSTEE	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	