M4	6855			
(Requestor's Name) (Address)	400341700074			
(City/State/Zip/Phone #)	400341700074 03/10/2001031013 **52.50			
(Business Entity Name) (Document Number)	•			
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Special Instructions to Filing Officer:				
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COVER LETTER

¹ **TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Natural Resources Pest Control Turf & Landscaping Services, Inc.

DOCUMENT NUMBER: _____

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chad Moreschi

Name of Contact Person Natural Resources Pest Control Turf & Landscaping Services, Inc. Firm/ Company

10756 NE 4 Avenue

Address

Miami, FL 33161

City/ State and Zip Code

Patty.grimsley@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patty Grimsley	at (<u>305</u>) 754-4460
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:

S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	ES52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Certified Copy (Additional copy is

Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
(ananassoc, r iz 522) (Tallahassee, FL 32303

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	of
Natural Resources Pest Control Turf & Landscaping Services, In	
(Name of Corporation as curr	cently filed with the Florida Dept, of State)
M40855	
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corporation	<u>n:</u>
N/A	The new
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation "F	". A professional corporation name musi contain the word
	N/A
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	N1/ N
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A
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 ado	aress:
Name of New Registered Agent	
(Flori	ida street address)
New Registered Office Address:	. Florida (<i>Cip</i> ri (<i>Zip Code</i>)
	(Citys (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	Agent: ailiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

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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 = ChiefExecutive 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: PT John Doc X Change \underline{V} Mike Jones X Remove Sally Smith <u>SV</u> <u>X</u> Add Address Name Title Type of Action (Check One) 10756 NE 4 Avenue Christine M. Moreschi ST 1) ____ Change Miami, FL 33161 _____ Add X Remove 2) ____ Change _____ Add Remove 3) ____ Change ____ Add ____ Remove 4) Change ____ Add ____ Remove 5/ ____ Change _____ Add _____ Remove 6) ____ Change ____ Add Remove

(Attach additional sheets,	if necessary). (Be	enter_change{s) her specific)			
		NA			
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			<u></u>		
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If an amendment provid provisions for implement	tes for an exchang	e, reclassification, of	<u>r cancellation of :</u> Lin the amendme	<u>ssued shares,</u> nt itself:	
(if not applicable, i	idicate N/A)				
		. /			
		NA			
		/1			
· · · · · · · · · · · · · · · · · · ·					

Effective date <u>if applicable</u>:

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory tiling requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- 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 east for the amendment(s) was/were sufficient for approval

by . (voting group) March 1, 2020 Dated 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) Chad E. Moreschi (Typed or printed name of person signing) President, Owner, Registered Agent

(Title of person signing)