M74243

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R. HUNT

10/83/23

COVER LETTER

TO: Amendment Section **Division of Corporations**

Goodwin Lawn Care, Inc. NAME OF CORPORATION:

	474243		
DOCUMENT NUMBER:	11454	 	

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

Please return all correspondence concerning this matter to the following:

Bruce Goodwin

Name of Contact Person

Goodwin Lawn Care, Inc.

Firm/ Company

127 Forest Lakes Blvd

Address

Naples, FL 34105

City/ State and Zip Code

Bruce 7642 @ en bargmail.com Godwinlawncarellc@gmail.com 06 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bruce Goodwin

Name of Contact Person

_____ at (_____ Area Code & Daytime Telephone Number

825-8925

[-3 PH12:

Enclosed is a check for the following amount made payable to the Florida Department of State:

□ \$35 Filing Fee

■ \$43.75 Filing Fee & Certificate of Status

□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

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

Articles of Amendment to Articles of Incorporation \mathbf{of}

Goodwin Lawn Care, Inc.

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(Name of Corporation as currently filed with the Florida Dept. of State)

M74243

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A			The new	
	ation "Corp." "Inc."	ration," "company," or "incorporated" or the or "Co". A professional corporation name m ion "P.A."	e abbreviation	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		Goodwin Lawn Care, Inc.		
		6017 Pine Ridge Road #439		
		Naples, FL 34119		
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		Goodwin Lawn Care, Inc.	2023	SIAID
		6017 Pine Ridge Road #439	000	.C.R.C.
		Naples, FL 34119	ມີ	DF CO
D. If amending the registered agent ar new registered agent and/or the new		address in Florida, enter the name of the Iress:	PH 12:	0F S IA RPORAI
Name of New Registered Agent	Goodwin Landscaping		40	IOH: IE
v	6017 Pine Ridge Road #439			
	tFlorie	da street address)		
New Registered Office Address:	Naples, FL	, Florida	9	
		(City)	Zip Coder	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Mart And Signature of New Registered 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)

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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: <u>X</u> Change	<u>PT</u>	John Doe			
X Remove	<u>V</u>	<u>Mike Jones</u>			
<u>X</u> Add	<u>SV</u>	Sally Smith			
Type of Action (Check One)	Title	Name	Address		
1) Change	þ	Bruce Goodwin	127 Forest Lakes Blvd		
Add			Naples, FL 34105		
X Remove					
2) Change	P/CEO	Mark Hendrickson	6017 Pine Ridge Road #439		
XAdd			Naples, FL 34119	202	DIV.
Remove				2023 0CT	DIVISION
3) Change	. <u> </u>	<u> </u>		_ပ်	
Add				PH	NRY OF STAT
Remove				04 :2: H	MULE
4) Change					<r< td=""></r<>
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Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove			•		

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provisions for impl	ovides for an exchange, reclassification, or cancellation of issued shares, ementing the amendment if not contained in the amendment itself: le. indicate N A)	12: 40	
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	9/26/23	
The date of each amendment(s) a date this document was signed.	idoption:	_, if other than
-	6/23	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will bepartment of State's records.	not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) aufficient for approval.	
	proved by the shareholders through voting groups. The following statement ir each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and shareholder	2023 OC1
The amendment(s) was/were ac action was not required.	topted by the incorporators without shareholder action and shareholder)н оғ со)СТ −3
9/26/23 Dated		PP PF
Dated	$\overline{\mathcal{D}}$ ().	PHI2:
Signature	Brun boodun	- 6
•	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	— ?.
	Bruce Goodwin- BRUCE GOODWIN	
	Bruce Goodwin- BRUCE GODWIN (Typed or printed name of person signing)	

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