N05000010724

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COVER	<u>LETTER</u>
TO: Amendment Section Division of Corporations	
LAND MAINTENANCE CORP.	
N05000010724 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filin	ng.
Please return all correspondence concerning this matter to the follo	wing:
CHRIS A. BULLARD	
(Name of Co	ntact Person)
(Firm/ C	'ompany)
PO BOX 1733	
(Add	tress)
LAKE CITY, FL 32056	
(City/ State a	nd Zip Code)
AUDREYSBULLARD@AOL.COM	
E-mail address: (to be used for future an	nual report notification)
For further information concerning this matter, please call:	
CHRIS A. BULLARD	386 755-4050
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the l	Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee Certificate of Status Certified C (Additiona enclosed)	Copy Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	<u>Street Address</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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Articles of Amendment to Articles of Incorporation ٥ť

LAND MAINTENANCE CORP.

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(Name of Corporation as currently filed with the Florida Dept. of State) N05000010724

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

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

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

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 in Florida, enter the name of the new registered agent and/or the new registered office address:

MARTHA JO KHACHIGAN Name of New Registered Agent:

672 E DUVAL STREET

(Citv)

(Florida street address)

New Registered Office Address:

LAKE CITY

. Florida _____

2024 JUL 15 MI 10:20

(Zin Code)

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.

Signature of New Registered Agent, if changing

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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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>PT</u> <u>John D</u> <u>V</u> <u>Mike J</u> <u>SV</u> <u>Sally S</u>	ones	
<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	DVS	BULLARD, AUDREY S.	PO BOX 1733 LAKE CITY, FL 32056
$\frac{x}{x} Remove$ 2) $\frac{Change}{Add}$	DS	Elizabeth Bullard McArdle	1910 SW SR 47 Lake City, FL 32025
3) X Change Add Remove	DV	CHRIS A. BULLARD	1910 SW SR 47 LAKE CITY, FL 32025
4) Change Add	<u></u>		
Remove 5) Change Add			
Remove Remove Change Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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The date of each amendment(s) adoption	-
date this document was signed.	

_____, if other than the

Effective date if applicable:

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(no more than 90 days after amendment file date)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing 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 members and the number of votes cast for the amendment(s) was/were sufficient for approval.

□ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

> 7/12/2024 Dated

Signature

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MARTHA JO KHACHIGAN

(Typed or printed name of person signing)

PRESIDENT & DIRECTOR

(Title of person signing)

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