# P0000002928

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number	
Special Instructions to	Filing Officer:	
	Office Úse Or	nly



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11. SFP 23 RHII: 54

Amend 10.1.14

## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: SQUINTEYS AND LOWIN SERVICE DOCUMENT NUMBER: POOOOOO29280
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
William L. Saunders  Name of Contact Person
Saunders + Son Lawn Service, Inc.
5110 Carter Spencer Rd.
Middleburg, Fl 32068
Oty State and Zip Code
Saunders W 570 gmail. Com E-mail address: (to be used for future annual record notification)
For further information concerning this matter, please call:
William L. Saunders at 904, 759-9197 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:
S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  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

	1 of		1	
Saunders + Jon	MINIO	Derv	1(e, 1 n	1
(Name of Corporation as currently filed with				•

(Document Number of	f Corporation (if known)	
	•	
suant to the provisions of section 607,1006, Florid Articles of Incorporation:	la Statutes, this <i>Florida P</i> a	rofit Corporation adopts the following am
If amending name, enter the new name of the c	orporation:	
		The
ne must be distinguishable and contain the wo. orp.,": "Inc.," or Co.," or the designation "Corp. rd "chartered." "professional association," or the	o, " "Inc," or "Co". A p	pany," or "incorporated" or the abbrev professional corporation name must conta
Enter new principal office address, if applicabl		
incipal office address <u>MUST BE A STREET AD</u>	<u>DRESS</u> )	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<b>2X</b> )	Ĩ.
(		
If amending the registered agent and/or registe		rida, enter the name of the
new registered agent and/or the new registered	office address:	
Name of New Registered Agent		
	(Florida street address	)
New Registered Office Address:	(City)	Florida(Ziv Code)
	(Only)	(24) Code)
	gistered Agent:	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each held. President, Treasurer, Director would be <math>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. To 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 Cl Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:		Billin, Br tis un ri	uu.			
X Change	<u>PT</u>	John Doe				
X Remove	$\underline{\mathbf{V}}$	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action	Title	Name		<u>Addres</u> s		
(Check One)  1) Change Add Remove	D	Willia	ım L. Saun	Wig	0 Carter <u>dleburg</u> 32066	
2) Change	PTD	Willia	am L. Sau	$\frac{1}{100}$		 <u>^ S</u> ρ ,FΙ
Remove 3) Change Add	<u>\</u>	Shelli.	e Gunsai	obiM Mide	32066 Carter S dleburg,	Spen Fl
Add Remove				· · · · · · · · · · · · · · · · · · ·	32060	
5) Change Add Remove	<del></del>					
6) Change						
Remove						

f amending or adding additional Artic attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exchiprovisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:	if other th
date this document was signed.	
Effective date if applicable: Sept 14, 2014	
Effective date if applicable: Sept 14, 2014  (no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
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 cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 9-14-2014	
Signature William Lee Haunders	
(By a director, president or other officer – if directors or officers have not been	<del></del>
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
William Lee SauNOERS	
(Typed or printed name of person signing)	
William Lee Sauvo: ERS (Typed or printed name of person signing)  Director (Title of person signing)	
(Title of person signing)	