## PO1000121253

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Amend

JUN 1 0 2020 I ALBRITTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Mc Lead Land Survices, Ivc.
DOCUMENT NUMBER: POLOOD 121253
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Skip Piersol  Name of Contact Person  McLeod Land Services, Inc.  Firm/ Company  7405 28th Sweet Court East  Address  Savasota, FL 34243  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
SWA Pley50 at (941) 374-0889  Name of Contact Person Area Code & Daytime Telephone Number
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status  (Additional copy is enclosed)  S35 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **Articles of Amendment**

to

## Articles of Incorporation

of

	es, Inc.		
	filed with the Florida Dept. of State)		
PO 000 12 1 25			
(Document Number of )	Corporation (if known)		
Pursuant to the provisions of section 607.1006. Florida Statutes, this $F$ its Articles of Incorporation:	Iorida Profit Corporation adopts the following	ig amendn	nent(s) to
A. If amending name, enter the new name of the corporation:			
N/A		The ne	M'
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."		on "Corp.,	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/A		
		2021	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	多	 
	,	ري	
		50 :8 Ki	
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	0.5	
Name of New Registered Agent		_	
(Florida stree	st white sect	_	
Nh	Financias		
New Registered Office Address:	, Florida	Codes	
	•		
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position		
N/N			
Signature of New Rey	ristered Agent, if changing	_	
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)

Example:

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.

XChange	$\overline{\text{b.l.}}$	<u>John Doe</u>	
$\underline{X}$ Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Tammy L. McLeod	11451 MJ Coad
Add			Myatha City, FL 34251
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change	-		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>If an</u> (Attac	mending or adding additional Articles, enter change(s) here:  ach additional sheets, if necessary). (Be specific)	
	N/R	
		<del></del>
_		
pro	n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
	N/A	·· <u>-</u>
		<u></u>

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The date of each amendment(s) adoption: _	N/~	, if other than the
date this document was signed.	1	
Effective date if applicable:	5/14/2020	
	114   2020 (no more than 90 days after amendme	ent file date)
Note: If the date inserted in this block does document's effective date on the Department		requirements, this date will not be listed as the
Adoption of Amendment(s) (C	THECK ONE)	
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators, or board of directors with	hout shareholder action and shareholder
The amendment(s) was/were adopted by the by the shareholders was/were sufficient fo	e shareholders. The number of votes cas r approval.	t for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each voting		· · · · · · · · · · · · · · · · · · ·
"The number of votes cast for the am	endment(s) was/were sufficient for appro	oval
by	oting group)	,,
(ve	oting group)	
selegted, by an in	esident or other officer – if directors or of corporator – if in the hands of a receiver, ry by that fiduciary)  IAMES HCLEOP  (Typed or printed name of person signing)	trustee, or other court
	PRESIDENT	
	(Title of person signing)	