## P020000 8890

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## COVER LETTER

NAME OF CORPORATION: J+B Lawn Service of JAX INC DOCUMENT NUMBER: P0200008890
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Anthony M. Antones  Name of Conject Person  Tt B. Lawa Cocylica of Tax TAC
4105 Him/Company Road
Address / PL 32223
Kelly. ANtones @ Yahoo. COM
E-mail address: (to be used for future annual report nonfication)
For further information concerning this matter, please call:
Anthony M ANTOWES at ( 904) 805-2502  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)  S43.75 Filing Fee & S52.50 Filing Fee  Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment

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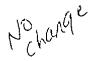
Articles of Incorporation	
JY B LAWN Service of JAX IAC,	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P 12 20000 8890	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
ANTONES LAWN Maintenance, In The new	
name must he distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp." "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must contain the word chartered," professional association, or the abbreviation P.A.	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
(1) Incipal office address Story REASTREET ADDRESS	۷
Es B Charles	
The second secon	
C. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
Conditing unioness <u>man ne a rost of trice box</u> )	Ł
<u> </u>	
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:	
Name of New Registered Agent	
	را
(Florida sircet address)	-
C'	
New Registered Office Address: Florida (City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Nonge	
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) 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, CE() = 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: X Change  $\overline{\text{HL}}$ John Doc Marge X Remove  $\sum_{i}$ Mike Jones  $X \land Add$ SVSally Smith Type of Action Title Name Address (Check One) 1) \_\_\_ Change \_\_\_\_\_ Add \_\_\_\_ Remove 2) \_\_\_\_ Change \_\_\_\_\_ Add Remove 3.) Change \_\_\_\_\_ Add \_\_\_\_ Remove

4) \_\_\_\_ Change \_\_\_\_\_ Add \_\_ Remove 5) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_\_ Remove 6) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove

Page 2 of 4

E. If amending or adding additional Articles, enter change		icles, enter change(s) here:
	(Attach additional sheets, if necessary).	



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F. If an amendment provides for an exchiprovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:	Nonge
		<del></del>
		<del></del>
	Page 3 of 4	
	$\sim 0.10$	
	$\frac{12-2-2019}{12-2-2019}$	
The date of each amendment(s) adoption: iate this document was signed.		if other than the
•	17-7-70/0	
Effective date <u>if applicable</u> :		<del></del>
	(no more than 90 days after amendment file date)	

Adoption of Amendment(s)	(CHECK ONE)				
/ SThe 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 must be separately provided for each t	by the shareholders through voting groups. The following statement 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 be action was not required.	y the board of directors without shareholder action and shareholder				
Dated	y the incorporators without shareholder action and shareholder  Language Autoria  president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court action by that fiduciary)  (Typed or printed name of person signing)  (Typed or printed name of person signing)				

Note: 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.