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(Re	equestor's Name)	
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(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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03/19/19--01025--025 **95.00



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: FIELDS OF GREE	EN LAWN CARE, INC.			
DOCUMENT NUMB	ER:				
The enclosed Articles of	of Amendment and fee are su	ebmitted for filing.			
Please return all corresp	pondence concerning this ma	tter to the following:			
1	DAVID A WEST				
-	 	Name of Contact Person	<u> </u>		
1	FIELDS OF GREEN LAWN	CARE, INC.			
-		Firm/ Company			
2316 PINE RIDGE ROAD, #444					
-		Address			
!	NAPLES, FL. 34109				
-		City/ State and Zip Cod	e		
FIELD	SOFGREENLAWNCARE@	⊕HOTMAIL.COM			
		sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
DAVID A WEST		at (<u>239</u>	253-3438		
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
S35 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		Amend Divisic Clifton	Address Iment Section on of Corporations Building executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

Fields a	of 9	reen	Lawi	~ CWe1.	tvC		
(Name of Corporat	tion as curre		<u>ith the Florid:</u>	a Dept. of State)			
			102/60/00	4578			
(Docu	ment Numbe	r of Corpora	tion (if known)			
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, th	nis <i>Florida I</i>	Profit Corpora	tion adopts the fo	llowing ame	ndment(:	s) to
A. If amending name, enter the new name of the c	orporation:						
					The	new'	
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	p," "Inc," oi e abbreviatio	r "Co". A					
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADDRESS ASTREET ASTREE						_	
		 -	<u> </u>			—	
						-19Z	
C. Enter new mailing address, if applicable:						2019 SEI	m=17:
(Mailing address MAY BE A POST OFFICE BO	<u>(2X</u>)					0	ran est ran est
					- 7.	16	710
					•	PH	, ; 1 = 1 = 1
D. If amending the registered agent and/or registe	ered office ac	ddress in Flo	orida, enter tl	ne name of the	<u>- , , , , , , , , , , , , , , , , , , ,</u>	2:	£14.5
new registered agent and/or the new registered				ic iiiiii w the	•	t	
Name of New Registered Agent							
	(Florida	street addres	N)				
New Registered Office Address:				, Florida			
		(City)	_		(Zip Code)		
New Registered Agent's Signature, if changing Re	gistered Age	ent:					
hereby accept the appointment as registered agent.	l am familia	ır with and c	iccept the obli	gations of the pos	ition.		
Sigi	nature of Nev	v Registered	Agent, if chan	ging			

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	V	JENNIE WEST	2316 PINE RIDGE RD, #444
Add			 NAPLES, FL. 34109
X Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach	additional sheets, if necessary). (Be specific)
	· · · · · · · · · · · · · · · · · · ·
	
f an a	nendment provides for an exchange, reclassification, or cancellation of issued shares,
provis	ions for implementing the amendment if not contained in the amendment itself: not applicable, indicate N/A)
,,	······································

The date of each amendment(s) adoption:	9-11-19	, if other than the
date this document was signed. Effective date if applicable:	9-11-19	
	io more than 90 days after amendi	nent file date)
Note: If the date inserted in this block does not n document's effective date on the Department of Stat		requirements, this date will not be listed as the
Adoption of Amendment(s) (CHEC	K ONE)	
The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro		st for the amendment(s)
☐ The amendment(s) was/were approved by the sha must be separately provided for each voting gro		
"The number of votes cast for the amendme	ent(s) was/were sufficient for appr	oval
by(voting	group)	··
☐ The amendment(s) was/were adopted by the boar action was not required.	rd of directors without shareholder	action and shareholder
☐ The amendment(s) was/were adopted by the inco action was not required.	orporators without shareholder acti	on and shareholder
Dated	-19	
Signature	vid a letest	
	nt or other officer – if directors or o	
appointed fiduciary by	orator – if in the hands of a receiver that fiduciary).	. trustee, or other court
	DAVID A WE	54
(Тур	ped or printed name of person sign	ing)
	PRESIDE	LL +
	(Title of person signing)	