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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION: Ron's Tractor Mov	ving & Hydro-Ax Services	
DOCUMENT NUMB	20-0533866		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Ronald L. Olson		
-		Name of Contact Person	
	Ron's Tractor Mowing & Hy	dro-Ax Services	
-	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	
	4520 Kaiser Avenue		
-		Address	
	Saint Cloud, Florida 34772		
-		City/ State and Zip Code	;
ronefo	restrymowing@gmail.com		
100310		sed for future annual report	notification)
	E man addition (400 to ac	activitation annual report	in the second
For further information	concerning this matter, pleas	se call:	
Ronald L. Olson		at (407	957-4122
Name o	f Contact Person	Area Coc	le & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Division	Address ment Section n of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Ron's Tractor Mowing & Hydro-Ax Services

(N + C	discount of the state of the control
0-0533866	ation as currently filed with the Florida Dept. of State)
(Doc	ument Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Flori s Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following amendment(s
If amending name, enter the new name of the	corporation:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Corp.," c," or "Co". A professional corporation name must contain the word previation "P.A."
Enter new principal office address, if applical	ole:
rincipal office address <u>MUST BE A STREET AI</u>	DDRESS )
	<del></del>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	<u></u>
If amending the registered agent and/or regist new registered agent and/or the new registere	tered office address in Florida, enter the name of the
	d trince address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
w Registered Agent's Signature, if changing R	egistered Agent:
	. I am familiar with and accept the obligations of the position.
	•

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		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	<u>v</u>	Kimberly Soop Olsor	5012 Sunset Blvd	
Add			Fort Pierce, Florida 34982-7140	
X Remove				
2) Change	<u></u>			
Add				
Remove 3) Change				
Add			<del></del>	
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add			<del></del>	
Remove				
6) Change				
Add				
Remove				
		Page 2 o	of 4	
E. If amending or add (Attach additional sh		onal Articles, enter change(s) h essary). (Be specific)	here:	

	•	
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provisions for implementing the amenda (if not applicable, indicate N/A)	ge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:	
		<del></del>
		· · · · · · · · · · · · · · · · · · ·
<del></del>		
		<del></del>
	Page 3 of 4	
The date of each amendment(s) adoption:		if other than the
late this document was signed.		
Effective date <u>if applicable</u> : 07-15-2019		
	(no more than 90 days after amendment file date)	

Note: If the date inserted in this block does not meet the applicable statutory tiling 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 b by the shareholders was/were sufficien	y the shareholders. The number of votes east for the amendment(s) at for approval.
	by the shareholders through voting groups. The following statement noting group entitled to vote separately on the amendment(s):
"The number of votes east for the	amendment(s) was/were sufficient for approval
by	
	(voting group)
The amendment(s) was/were adopted b action was not required.	y the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted b action was not required.	y the incorporators without shareholder action and shareholder
Dated 12 - 18 Signature Kmul	- 2019 L. Ohon
(By a director,	president or other officer - if directors or officers have not been
	n incorporator – if in the hands of a receiver, trustee, or other court
appointed fidu	iciary by that fiduciary)
Ronal	d L. Olson
	(Typed or printed name of person signing)
Owne	r/President
(Title	of person signing)