P04000142-313

| (Re | questor's Name) | |
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| (Ad | dress) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

| Division of Corp | orations | | | | | |
|---|---|--|--|--|--|--|
| NAME OF CORPO | RATION: | UT LAWN CARE SE | ERVICES INC | | | |
| DOCUMENT NUM | _{BER:} P040001423 | 313 | | | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | | | | |
| Please return all corre | spondence concerning this mat | tter to the following: | | | | |
| | JOSE G PERE | ΞZ | | | | |
| Name of Contact Person | | | | | | |
| PRECISION CUT LAWN CARE SERVICES INC | | | | | | |
| | Firm/ Company | | | | | |
| | 16015 TIMBERWOOD DR | | | | | |
| | | Address | | | | |
| | TAMPA FL 336 | 625 | | | | |
| | | City/ State and Zip Code | e | | | |
| PF | PRECISIONCUTLCS@GMAIL.COM | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | |
| | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| JOSE G PEREZ | | at(813 | 781-7869 | | | |
| Name of Contact Person | | Area Co | de & Daytime Telephone Number | | | |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | | | | | | |
| ■ \$35 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 | | Street Address | | | | |
| Am | endment Section | | Iment Section | | | |
| Div | vision of Corporations | Divisio | on of Corporations | | | |

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

PRECISION CUT LAWN CARE SERVICES INC

(Name of Corporation as currently filed with the Florida Dept. of State)

nt(s) to

| P04000142313 | | | |
|--|------------------------------|--|-------------------------------|
| (Document Number of | f Corporation (if kn | own) | 7 |
| Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation: | la Statutes, this <i>Flo</i> | rida Profit Corporation ac | dopts the following amendment |
| 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 "Corpword "chartered," "professional association," or the | o," "Inc," or "Co | A professional corpora | orated" or the abbreviation |
| B. Enter new principal office address, if applicabl | <u>e:</u> | | · |
| (Principal office address <u>MUST BE A STREET AD</u> | DRESS) | | |
| | - | | |
| | | | |
| C. Enter new mailing address, if applicable: | | | |
| (Mailing address <u>MAY BE A POST OFFICE B</u> C | <u>0x</u>) . | - Address of the second of the | |
| | - | ************************************** | |
| | | | |
| D. If amending the registered agent and/or register | ared office address | in Florida, enter the nar | ne of the |
| new registered agent and/or the new registered | | in Piorida, enter the nar | ne of the |
| Name of New Registered Agent | | | |
| name of their registered rigen. | | | • |
| | (Florida street | address) | - |
| V D | | , | |
| New Registered Office Address: | (City) | , Florida | (Zip Code) |
| | | | |
| | | | |
| New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent. | | and accept the obligation | as of the position |
| t neredy accept the appointment as registered agent. | i am jamiisar wiir | and accept the obligation | w of the position |
| Signatura of N | New Revistered Ave | nt 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; 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.

| <u>X</u> Change | <u>PT</u> | John Do | <u>oe</u> | | | |
|----------------------------|--------------|-------------|--------------|---------------------|--|--|
| X Remove | <u>V</u> | Mike Jones | | | | |
| X Add | <u>sv</u> | Sally Smith | | | | |
| Type of Action (Check One) | <u>Title</u> | | Name | Address | | |
| 1) Change | VP | | LORI PEREZ | 16015 TIMBERWOOD DR | | |
| Add | | | | TAMPA FL 33625 | | |
| Remove | | | | | | |
| 2) Change | | _ | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 3) Change | | _ | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 4) Change | | _ | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 5) Change | | | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| | | | | | | |
| 6) Change | | | | | | |
| Add | | | | | | |
| Remove | | | | | | |

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| an amendment provides for an exch | ange, reclassifica | tion, or cancellatio | n of issued shares | 1 |
| provisions for implementing the amer | ndment if not con | tained in the amer | idment itself: | |
| (if not applicable, indicate N/A) | | | | |
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| The date of each amendment(s) adoption: 12/15/2014 | , if other than the |
|---|---------------------|
| date this document was signed. | |
| Effective date if applicable: 12/15/2014 | |
| (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) | |
| (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 12/15/14 | |
| | |
| Signature (By a director, provident or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | |
| JOSE G PEREZ | |
| (Typed or printed name of person signing) | |
| PRESIDENT | |
| (Title of person signing) | |