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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: America Carpet &	Tile Cleaning, Inc	
DOCUMENT NUM	IBER: P05000087442		
	es of Amendment and fee are su	hmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	Anton F. Hruby		
		Name of Contact Person	1
		Firm/ Company	
	12330 Eclipse Ct		<u>. </u>
		Address	
	New Port Richey, FL 34654		
		City/ State and Zip Cod	e
	Anton@southerncrownhome	s.com	
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
Anton F. Hruby	<u>-</u>	at (
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State;
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 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 Tallahassee, FL 32314		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

America Carpet & Tile Cleaning, Inc.

2025 FEB 21 PM 1: 36

(Name of Corporation as current	ly filed with the Florida Dept. of State) - STATE
P05000087442	TALLAHASSEE, FL
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Loggerhead Land Services, Inc	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	NA
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	NA
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amounting the aggistered count and/or registered office add	lungs in Florida, antor the name of the
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent NA	
same of two tegratered agent	
Florida st	reet address)
New Registered Office Address:	. Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	<u>t:</u> with and accept the obligations of the position.
Signature of New I	Registered Agent, if changing
Signature of new t	references referred it comments

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)

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>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
Change			
Add			
Remove			
6) Change			
Add			
Add Remove			

E. If amending or additional she	ets, if necessary).	(Be specific)	-,- <u>,</u> .		
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. If an amendment pr	ovides for an excha	ange, reclassifica	ition, or cancellati	on of issued shares.	
provisions for imple	ementing the amen	dment if not co	ntained in the ame	ndment itself:	
(if not applicabl	e, indicate N/A)				
NΑ					
					<u>.</u>
					.
					<u>.</u>

	2/09/2025
The date of each amendment(s) date this document was signed.	adoption:, if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this locument's effective date on the E	block does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were acaction was not required.	lopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
must be separately provided fo	oproved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
	t for the amendment(s) was/were sufficient for approval
by	(voting group)
2/09/2025 Dated	
Signature	Anton F. Huby director, president or other officer – if directors or officers have not been
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nated fiduciary by that fiduciary)
	Anton F. Hruby
	(Typed or printed name of person signing)
	President
	(Title of person signing)