## P05000157871

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	<del>)</del> #)
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SECRETARY OF STATE CORPORATIONS

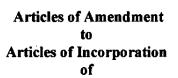
Amend/Manue Ma 2/13/09

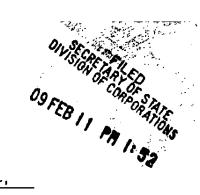
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: MUGUICS	Property Maintenam	u Inn
DOCUMENT NUMBER: POSOO15	7871	
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Chris McGnice (Name of Co	ontact Person)	·
Lawa Guru, Inc. (Firm/	Company)	
P.O. Box 2761	dress)	
Valcico, PL 33595 (City/ State and Zip Code)		
For further information concerning this matter, plea	ase call:	
(Name of Contact Person)  Enclosed is a check for the following amount made		
Enclosed is a check for the following amount made  \$35 Filing Fee   Certificate of Status	S43.75 Filing Fee & S Certified Copy (Additional copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301





McGuire's Prop	verty Ma	inknance, Inc.
. (Name of Corporation as curi	rently filed with t	he Florida Dept. of State)
P05000157871		
(Document Nu	mber of Corporati	on (if known)
Pursuant to the provisions of section 607.10 following amendment(s) to its Articles of Inco		tes, this Florida Profit Corporation adopts the
A. If amending name, enter the new name of	of the corporation	<u>1:</u>
Lawn Guru Inc. The new name must be distinguishable of the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A."	and contain the " "Inc.," or Co., ne must contain	" or the designation "Corp," "Inc," or the word "chartered," "professional
B. Enter new principal office address, if ap	plicable:	3415 Eagleridge Ct.
B. <u>Enter new principal office address, if ap</u> (Principal office address <u>MUST BE A STRE</u>	<u>ei address</u> )	Valcico, FL 33596
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)	<u>e:</u> ICE BOX)	P.O. Box 2761
	· ·	P.O. Box 2761 Valrico, FL 33595
D. If amending the registered agent and/or new registered agent and/or the new reg		
Name of New Registered Agent:		11/1
New Registered Office Address:	(Flori	da street address)
		(City), Florida(Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registere		gent: familiar with and accept the obligations of the
position.		11/2
	$\rightarrow$	/V/A
	Signature of New	Registered Agent, if changing
	Dogg 1 052	

## 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
	·		□ Add □ Remove
	- <del>/</del> /	) A <u> </u>	☐ Add ☐ Remove
			Add Remove
	f amending or adding additional Articles, en ttach additional sheets, if necessary). (Be sp		
	If an amendment provides for an exchange, provisions for implementing the amendment (if not applicable, indicate N/A)		

The date of each amendment(s) a	2/4/2009
The date of each amendment(s) a	deption:
Effective date if applicable: (no	M/A more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were st	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
` '	proved by the shareholders through voting groups. The following statement 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	"
(voi	ing group)
The amendment(s) was/were ad action was not required.	lopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adaction was not required.	lopted by the incorporators without shareholder action and shareholder
Dated <u>2/4/</u>	2009
Signature	
(By a di selected	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
<u> </u>	(Typed or printed name of person signing)
	(Typed or printed name of person signing)  Pesideat  (Title of person signing)

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