

PD6000036198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

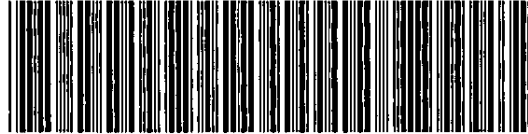
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 APR -3 PM 3:02
CLERK OF COURT
ALBANY, NEW YORK

N/C

Amend

4/8/15

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2015

TROY DASILVA
US GROUNDS MAINTENANCE CORP.
13103 FIREFLY LANE
HUDSON, FL 34669-2382

SUBJECT: LANCE'S LAWN CARE, INC.
Ref. Number: P06000036198

We have received your document for LANCE'S LAWN CARE, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist III

Letter Number: 915A00005567

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Lance's Lawn Care, Inc

DOCUMENT NUMBER: P06000036198

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TROY DASILVA

Name of Contact Person

US GROUNDS MAINTENANCE CORP.

Firm/ Company

13103 FIREFLY LANE

Address

HUDSON, FL 34669-2382

City/ State and Zip Code

KEVINSMITH213@tampabay.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTINE SMITH

Name of Contact Person

at (727) 776-1693

Area Code & 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

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

15 MAR 19 AM 10:59

Articles of Amendment
to
Articles of Incorporation
of

LANCE'S LAWN CARE INC

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

PO6000036198

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

US GROUNDS MAINTENANCE CORP.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

13103 FIREFLY LANE
HUDSON, FL 34669-2382

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

SAME AS ABOVE

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

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CLERK OF CIRCUIT COURT
JANICE E. GIBSON

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, 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.

Example:

X Change PT John Doe
X Remove V Mike Jones
X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>NICHOLAS CONIGLIO</u>	<u>68 OLD POST RD</u> <u>FREEHOLD, NJ. 07728</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>GIUSEPPE AVIGLIANO</u>	<u>274 LEESVILLE RD.</u> <u>JACKSON NJ. 08527</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>TROY DASILVA</u>	<u>13103 FIREFLY LANE</u> <u>HUDSON, FL 34669</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>TROY DASILVA</u>	<u>SAME</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>TROY DASILVA</u>	<u>SAME</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>TROY DASILVA</u>	<u>SAME</u>

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

THE BUSINESS NAME AND OFFICERS OF
THE CORPORATION HAVE BEEN CHANGED.
ALL SHARES NOW BELONG TO THE
NEW OWNER, TROY DASILVA

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: 03/08/2015, if other than the date this document was signed.

Effective date if applicable: 03/08/2015
(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)

☐ 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 03/08/2015

Signature Troy Da Silva
(By a director, president 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)

TROY DA SILVA
(Typed or printed name of person signing)

PRES.
(Title of person signing)