## P06000069512

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500408451955

123 JUL 24 AM 9:

题UUL19 PH 独立2

RECEIVED

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SOUTHLAND LANDSCAPING & LAWN SI	ERVICE INC
Please Debit FCA000000003 For: 35	
Thank you Seth Neeley	
1-4-/	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Ari, of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Jig.ideare	Vehicle Search
	Driving Record
Requested by: seth	UCC 1 or 3 File
	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION: SOUTHLAND LA	NDSCAPING & LAWN S	ERVICE
DOCUMENT NU	MBER: P06000069512		
The enclosed Artic	cles of Amendment and fee are su	bmitted for filing.	
Please return all co	orrespondence concerning this ma	itter to the following:	
	BENSON CHARLES		
		Name of Contact Person	1
	B CHARLES ACCOUNTIN	G	
	-	Firm/ Company	
	13719 NW 7 AVE		
		Address	
	MIAMI, FL 33168		
		City/ State and Zip Cod	е
	BENSON@bCHARLESACO	COUNTING.COM	
	E-mail address: (to be u	sed for future annual report	notification)
For further inform	ation concerning this matter, plea	se call:	
	•		
BENSON CHARI	·	at (	_) 305 775 3325
Na	me of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	artment of State:
S35 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 Fallahassee, FL 32314	Amend Division The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303



July 24, 2023

CAPITAL CONNECTION

SUBJECT: SOUTHLAND LANDSCAPING & LAWN SERVICE, INC.

Ref. Number: P06000069512

We have received your document for SOUTHLAND LANDSCAPING & LAWN SERVICE, INC. and your check(s) totaling S. However, the enclosed document has not been filed and is being returned for the following correction(s):

The zip code is cut off.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 023A00016184

## Articles of Amendment to Articles of Incorporation of

FILED

SOUTHLAND LANDSCAPING & LAWN SERVICE, I NC.

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

2023 JUL 24 AM 9: 29

(Name of Corporation as currently filed with the Florida Dept. of State) IARY UF STATE TALLAHASSEE. FLORIDA P06000069512 (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: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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) 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 Check if applicable

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.

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
l) R Change	D	HERNAN NUNEZ	5350 SW 130 TERR
Add	-		MIRAMAR FL 33027
Remove			
2) Change	P	JAVIER MOSORIO	1970 NE 168 ST APT 1
X Add			NORTH MIAMI BEACH FL 33162
Remove 3) Change	T D	DIMAS ESQUIVEL	1970 NE 168 ST APT 1
X Add			NORTH MIAMI BEACH FL 3316 2
Remove			
4) Change			
Add			
Remove			<u></u>
5) Change			
Add			
Remove			
<ul><li>δ) Change</li></ul>			
Add			
Remove			

Attacii additiona	dding additional Articles sheets, if necessary).	(Be specific)			
. •					
<u> </u>					
					· · · ·
<del></del>	<del></del>				
	<del> </del>				<del> </del>
· · · · · · · · · · · · · · · · · · ·					
f an amendmen	provides for an exchar nplementing the amend	nge, reclassificat	tion, or cancellat	ion of issued sha	ares,
(if not appli	cable, indicate N/A)	iment ii not com	tamed in the am	enament itseit:	
	•				
					·····
	···				
	**************************************			·	<u> </u>
					·
			<del></del>		
	*				

•			. •	' '			
	each amendment(s):	adoption:				, if o	ther the
date this doc	cument was signed.						
Effective da	ite <u>if applicable</u> :						
		(no	more than 90 day.	after amendment	file date)		<del></del>
Note: If the document's	e date inserted in this effective date on the D	block does not me Department of State	et the applicable :	statutory filing req	quirements, this (	date will not be	listed
Adoption of	f Amendment(s)	(CHECK	ONE				
The amer action wa	ndment(s) was/were ad as not required.	lopted by the incor	porators, er board	of directors withou	it shareholder ac	tion and shareho	older
☐ The amer by the sh	ndment(s) was/were ad nareholders was/were s	lopted by the share sufficient for appro	holders. The num val.	ber of votes cast fo	or the amendmen	t(s)	
L ine amer			1 - 1 - 1 - 1 - 1		C 11 .		
<b>"</b> Th	nament(s) wasswere ap separately provided for the number of votes cas	r each voting grou	p entitied to vote s		mendment(s):	TAL	
	separately provided fo.	r each voting grou	p entitled to vote s	eparately on the a	mendment(s):	TALLAHASSI	## 2L
<b>"</b> Th	separately provided for	r each voting grou	p entitled to vote s	eparately on the a	mendment(s):	TALLAHASSI	## 2L
<b>"</b> Th	separately provided for the number of votes cas  Dated 6	r each voting group t for the amendmen (voting gr	p entitled to vote s	eparately on the a	mendment(s):	TALLAHASSI	## 2L
<b>"</b> Th	DatedSignature	r each voting group t for the amendment (voting gr	p entitled to vote s  ni(s) was/were suff  roup)	eparately on the a	mendmen((s):	SCURLIARY OF STATE SCURING TALLAHASSEE, FLORID	29 HI 24 AM 9: 29
<b>"</b> Th	Dated  Signature  (By a consequence)	r each voting group t for the amendment (voting group  - 2023  director, president of the p	p entitled to vote s  ni(s) was/were suff  roup)  or other officer - if for - if in the hand	eparately on the and a control of the angle	mendment(s):	SCURLIARY OF STATE SCURIDA TALLAHASSEE, FLORIDA	## 2L
<b>"</b> Th	Dated  Signature  (By a consequence)	t for the amendment (voting grade)  - 2023 and firegoor, president of	p entitled to vote s  ni(s) was/were suff  roup)  or other officer - if for - if in the hand	eparately on the and a control of the angle	mendment(s):	SCURLIARY OF STATE SCURIDA TALLAHASSEE, FLORIDA	## 2L
<b>"</b> Th	Dated  Signature  (By a consequence)	t for the amendment (voting grading)  1 for the amendment (voting grading)  2 for the amendment (voting grading)  2 for the amendment (voting grading)  3 for the amendment (voting grading)  4 for the amendment (voting grading)  5 for the amendment (voting grading)  5 for the amendment (voting grading)  6 for the amendment (voting grading)  7 for the amendment (voting grading)  7 for the amendment (voting grading)  8 for the amendment (voting grading)  1 for the amendment (voting grad	p entitled to vote s  ni(s) was/were suff  roup)  or other officer - in for - if in the hand at fightciary)	directors or offices of a receiver, tru	mendment(s):	SCURLIARY OF STATE SCURIDA TALLAHASSEE, FLORIDA	## 2L
<b>"</b> Th	Dated  Signature  (By a consequence)	t for the amendment (voting grading)  1 for the amendment (voting grading)  2 for the amendment (voting grading)  2 for the amendment (voting grading)  3 for the amendment (voting grading)  4 for the amendment (voting grading)  5 for the amendment (voting grading)  5 for the amendment (voting grading)  6 for the amendment (voting grading)  7 for the amendment (voting grading)  7 for the amendment (voting grading)  8 for the amendment (voting grading)  1 for the amendment (voting grad	p entitled to vote s  ni(s) was/were suff  roup)  or other officer - if for - if in the hand	directors or offices of a receiver, tru	mendment(s):	SCURLIARY OF STATE SCURIDA TALLAHASSEE, FLORIDA	## 2L

: