Po7000008440

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SECRETARY OF STAIL

ADP 114/11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	OU LAWN SERVICE CO	ORP
DOCUMENT NUM	BER:	P07000008440	
The enclosed Articles	of Amendment and fee a	are submitted for filing.	
Please return all corre	spondence concerning th	is matter to the following:	
		MILKA HASKINS	
	,	Name of Contact Person	
	LEBRON	ACCOUNTING SERVICES	
		Firm/ Company	
	51.	16 N ARMENIA AVE	
		Address	
	-	ГАМРА, FL 33603	
		City/ State and Zip Code	
	LEBRONACCO E-mail address: (to be use	DUNTING@YAHOO.COM ed for future annual report notification)	
For further informatic	on concerning this matter,	, please call:	
MILI	KA HASKINS	at (813) 8	377-8918
Name of	Contact Person	Area Code & Daytime Te	elephone Number
Enclosed is a check for	or the following amount r	nade payable to the Florida Depa	rtment 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 Addi Amendment S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ	ele

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

OLIVIOL CON	2011 JAN 13 PM 3: 37
tly filed with the Florid	a Dept. of State)
00008440	SECRETARY OF STATE TALLAHASSEE, FLORID/
er of Corporation (if kno	
Florida Statutes, this F	Ilorida Profit Corporation adopts the following
he corporation:	
LAWN SERVICE IN	The new
lesignation "Corp," "Inc	"company," or "incorporated" or the c," or "Co". A professional corporation the abbreviation "P.A."
cable:	
ADDRESS)	
	And the second s
E BOX)	
gistered office address i	n Florida, enter the name of the
	
(Florida de la compa	- I town
(r lorida street d	adaress)
	, Florida
(City)	(Zip Code)
Registered Agent:	
	and accept the obligations of the position.
nature of New Registere	d Agent, if changing
	he corporation: LAWN SERVICE ING e word "corporation," "Inc ssignation "Corp," "Inc ssional association." or cable: ADDRESS) E BOX) gistered office address if ered office address: (Florida street of the company of the corporation of th

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
	ing or adding additional ditional sheets, if necessa	Articles, enter change(s) here: ary). (Be specific)	
provisio		n exchange, reclassification, or cancellation amendment if not contained in the amendal)	

The date of each amendmen	t(s) adoption: 01/06/2011
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
sel	Pala Salin
	OLINDA ULLOA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)