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2021 OCT 18 AM 6: 10

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Leapin Lawns		
	BER: P07000045238		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Brett Turner		
	<del>-</del>	Name of Contact Person	
	Leapin Lawns		
		Firm/ Company	-
	13300-56 S. Cleveland Ave		
		Address	
	Fort Myers, FL 33907		
	<u> </u>	City/ State and Zip Code	<del>,</del>
	E-mail address: (to be us	URNER [13 sed for future annual report	e GMAIL, COM
	n concerning this matter, pleas	at ( 239	_) _462-2040
Name	of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:
☐ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Division The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810 ssee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED 2021 OCT 18 AM 6: 10

Leapin Lawns	SECRETARY
(Name of Corporation as cu	irrently filed with the Florida Dept. of State LAHASSEC
P07000045238	
(Document Nur	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporati	on:
	The new
name must be distinguishable and contain the word "corporati "Inc.," or Co.," or the designation "Corp," "Inc," or "C "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Corp.," To". A professional corporation name must contain the word "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	)
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 new registered agent and/or the new registered office a	
Name of New Registered Agent Brett Turner	
13300-56 S. Clevela	and Ave
(Flo	rida street address)
New Registered Office Address: Fort Mycr	rs, FL , Florida 33907
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far	Agent: niliar with and accept the obligations of the position.  New Registered Agent, if changing

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)

Example:

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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Joi	nes	
X Add	<u>sv</u>	Sally Sm	nith.	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	<u>v</u>	_	Amy Turner	13300-56 S. Cleveland Ave
Add				Fort Myers, FL 33907
X Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attach additional shee	ets, if necessary).	(Be specific)				
			<u>, ,                                  </u>			
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If an amendment pro	vides for an exch	ange, reclassific	ation, or cance	llation of issued	i shares,	
provisions for imple (if not applicable	menting the amer	ndment if not co	ntained in the	amendment its	<u>elf:</u>	
Il Shares issued to Amy	Y Turner will be tra	isnferred to Brett	Turner		<del>-</del>	
						,
				-		
		<del></del>			<del></del>	
_			<del>.</del>		<del> </del>	

The date of each amendment(s) adop	tion: Juli	12,2021		_, if other than the
date this document was signed.		, ,		
		A. A.	<u> </u>	
Effective date <u>if applicable</u> :		e 30-2021 /1		<del></del>
	(no more than y	0 days after amendme	nt file date)	
Note: If the date inserted in this block document's effective date on the Depar		cable statutory filing i	requirements, this date will	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
■ The amendment(s) was/were adopte action was not required.	d by the incorporators, or	board of directors with	hout shareholder action and	shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffice		e number of votes cas	t for the amendment(s)	
☐ The amendment(s) was/were approv must be separately provided for each				
"The number of votes cast for	the amendment(s) was/we	ere sufficient for appro	oval	
by			"	
,	(voting group)			
selected, b	or, president of other office an incorporator – if in the iduciary by that fiduciary	ne hands of a receiver,		_
	Amy T		\	
	(1 yped or printed	name of person signir	ig)	
	Vice Pre	esident		
	(Title of pe	rson signing)		