## P070000 74869

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SECRETARY OF STATE
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O SIMMONS JAN 28 2020

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	x: The	Lawn	medi	i services Inc.
DOCUMENT NUMBER: _	P0700	000748	69	
The enclosed Articles of Ame	ndment and fee are sub	omitted for filin	ıg.	
Please remm all corresponder	ice concerning this mat	ter to the follow	ving:	
		Timoth Name of Co	<u>S</u>	Ray
	The Lawn	medic	501100	eslac.
<del></del>	10 BOX	<u>3938</u> Add	1855	
	Plant	Cita	FL 3	3563
		City State at	nd Zip Code	
	dnadepa	- @ 9 m	ail. co	m
E-	mail address: (to be use	ed for fireshe an	mual report n	otification)
For further information conce	rning this matter, pleas	e call.		
Timothy S	Ray	31 5	813	, 478 6894 & Daytime Telephone Number
Name of Conta	ict Person		Area Code	& Daytime Telephone Number
Enclosed is a check for the fo	lowing amount made p	payable to the F	lorida Depar	tment of State.
\$35 Filing Fee	\$43.75 Filmig Fee & Certificate of Status	\$43.75 Fili Certified C (Additional enclosed)		\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad Amendmen Division of P.O. Box 63 Tallahassee	: Section Corporations 127		Division The Cer	ddress  nem Section  of Corporations  ntre of Tallahassee  Monroe Street, Suite 810
			Tallahass	see, FL 32303

## Articles of Amendment to Articles of Incorporation of

The Lawn Medic Sa	
	ently filed with the Florida Dept. of State)
P070000 7	14869
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	this <i>Florida Profit Corporation</i> adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>ı.</u>
NA	The new
name must be distinguishable and contain the word "corporation," hic.," or "Co.," or the designation "Corp," "Inc." or "Co" "chartered," "professional association, for the abbreviation P.	" "company, "or "incorporated" or the abbreviation "Corp., " A professional corporation name must comain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	9 DEC 3
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 a new registered agent and/or the new registered office addi	
Name of New Registered Agent A	<u> </u>
	la spect addresp
New Registered Office Address:	Florida
	(City) (Z:p Code)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili	<u>tent:</u> iar with and accept the obligations of the position
$\sim$	nv Registered Agent, if changing
Signature of Ne	w 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	<u>1 Doe</u>	
$\underline{X}$ Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> <u>Satty</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	10	Jessica S. Ray	711 Whitchall St Plant City FL 33563
Add			Plant City FL 35863
✓ Remove			
2) Change			
Add			S N
Remove Change			2019 DEC
Add			<u> </u>
Remove			
4) Change			
Add			38 38
Remove			
5) Change			
Add			
Remove			
6+ Change			
Add			
Remove			
		Page 2 of 4	
E. If amending or add	ling additional A heets, if necessary	Articles, euter chauge(s) here: vi. (Be specific)	

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(if not applicable, indicate N A)			·····
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Page 3 of 4			
e date of each amendment(s) adoption:e this document was signed.			, if other than
fective date <u>if applicable</u> : the more than 90 days o			
the more than 90 days of	fier amendment file date)		<del></del>

Note: If the date inserted in this block does not mee, the applicable statutery filling requirements, this date will not be usted as the document's effective date on the Department of Static's records.

Adoption of Amendment(s	(CHECK ONE)			
The amendment(s) was w by the shareholders was	ere adopted by the shareholders were sufficient for approval	The number of votes east for the amendment(s)		
The amendment(s) was we must be separately provided.	ere approved by the stateholders ded for each voting group entitle	s through voting groups. The following statement d to vote separately on the amendments:		
"The number of you	es cast for the amendment(s) was	s were sufficient for approval		
5y	ावाजक कृत्यालय			
action was not required.		withour shareholder action and shareholder		
	By a director, president or other selected, by an incorporator - if appointed fiduciary by that riduc	officer - if directors or officers have not been to the hands of a receiver, trustee, or other court (2)	2019 DEC 30 PM 4: 38	
	Presid	ent Treasurer.	_	

(Title of person signing)