P07000081196

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	(Address)
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	(City/State/Zip/Phone #)
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: GREEN LAND LA	AWN PEST CONTROL INC.	<u></u>
	BER: P07000081196		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	EUGENE SANNUTO		
		Name of Contact Person	
	GREEN LAND LAWN PES		
		Firm/ Company	
	1543 AFRICAN VIOLET C	• •	
		Address	
	TRINITY, FL 34655		
		City/ State and Zip Code	
	greenlandpest@gmail.com		_
	E-mail address: (to be us	sed for future annual report notification)	
For further informatic	on concerning this matter, plea	se call:	·~ 9
To this mornan	in concerning this marter, pied.	se can.	چَرِّ البت البت
EUGENE SANNUT	0	727 376-2325	
Name	of Contact Person	at (Number 123
Enclosed is a check for	or the following amount made	payable to the Florida Department of State:	F-
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & ☐S52.50 Filing Fee Certified Copy (Additional copy is enclosed)	
Am Div	iling Address endment Section ision of Corporations . Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

GREEN LAND LAWN PEST CONTROL INC.

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

P07000081196

(Document Number of Corporation (if known)

. If amending name, enter the new name of the co	orporation:		
GREEN	N LAND PEST CONTROL INC		The nev
ame must be distinguishable and contain the word "co Inc.," or Co.," or the designation "Corp," "Inc.," chartered," "professional association," or the abbre	" or "Co". A professional corpor	orated" or the abbrevio ration name must con	ition "Corp.,' tain the word
. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADI</u>			
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
 If amending the registered agent and/or register new registered agent and/or the new registered 		the name of the	,
new registered agent and/or the new registered		_	
new registered agent and/or the new registered	office address:	_	— · · · ·
new registered agent and/or the new registered	office address:	_	_ :
Name of New Registered Agent Name of New Registered Agent	office address:	_	
new registered agent and/or the new registered	office address:	, Florida_	ip Code)
Name of New Registered Agent Name of New Registered Agent	office address: (Florida street address)	, Florida_	ip Code)
Name of New Registered Agent Name of New Registered Agent	office address: (Florida street address) (City)	, Florida	
Name of New Registered Agent New Registered Office Address: ew Registered Agent's Signature, if changing Reg	office address: (Florida street address) (City)	, Florida	

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)

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	<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>	N/A	<u>Addres</u> s		
1) Change		_				
Add						
Remove						
2) Change						
Add						
Remove 3) Change						
Add					.,,	
Remove					 ,	~3
4) Change						7023 SEJ
Add					<u> </u>	
Remove						50
5) Change						Cit Ti
Add					15.	
Remove					 	
6) Change		_				
Add						
Remove				=		

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)	
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lf an amandment provides for an evol	unge, reclassification, or cancellation of issued s	haras
provisions for implementing the ame	ndment if not contained in the amendment itself	<u> </u>
(if not applicable, indicate N/A)	<u> </u>	hares,
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The date of each amendn date this document was sig	nent(s) adoption:ned.	, it other than the
Effective date if applicab	e: (no more than 90 days after amendment file date)	
	(no more than 90 days after amenament fite date)	
	in this block does not meet the applicable statutory filing requirements, this date on the Department of State's records.	will not be listed as the
Adoption of Amendment	(S) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/ action was not required.	were adopted by the incorporators, or board of directors without shareholder action	and shareholder
	were adopted by the shareholders. The number of votes cast for the amendment(s) s/were sufficient for approval.	•
	were approved by the shareholders through voting groups. The following statemen vided for each voting group entitled to vote separately on the amendment(s):	nt
"The number of v	otes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(Totally	
Dated	SEPTEMBER 8, 2023	
Signature	:	_♥)
	(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)	
	EUGENE SANNUTO	
	(Typed or printed name of person signing)	: 2
	SECRETARY Cugline Samo	20 S
	(Title of person signing)	21.50
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