

P07000103861

(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



400271729604

04/20/15--01019--032 \*\*52.50

2015 APR 29 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

MAY 06 2014

C. CARROTHERS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 23, 2015

ERIC L HOWARD II  
EH LAWN CARE INC  
44095 GREEN MEADOWS LN  
CALLANAN, FL 32011

SUBJECT: EH LAWN CARE, INC.  
Ref. Number: P07000103861

We have received your document for EH LAWN CARE, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P99000101520.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers  
Regulatory Specialist

Letter Number: 415A00008245

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION:

EH Property <sup>Services</sup> ~~Management~~, Inc. <sup>ELH</sup>

(new name)

DOCUMENT NUMBER:

P07000103861

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eric L. Howard II

Name of Contact Person

EH LAWN CARE INC.

Firm/ Company

(Existing name)

44095 Green Meadows Ln.

Address

Callahan Florida 32011

City/ State and Zip Code

ejkhoward@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric Howard II

Name of Contact Person

at (904) 315 9716

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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 Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

EH Lawn Care Inc.

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

P07000103861

(Document Number of Corporation (if known))

FILED  
2015 APR 29 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

EH Property ~~Management~~ Services, Inc.

The new

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)

44095 Green Meadows Ln.  
Callahan, Florida 32011

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

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 Doe

X Remove                      V      Mike Jones

X Add                              SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- |  |          |                               |                                |
|--|----------|-------------------------------|--------------------------------|
| 1) <input type="checkbox"/> Change         | <u>D</u> | <u>Leanna Whitley-Bischof</u> | <u>44095 Green Meadows Ln.</u> |
| <input checked="" type="checkbox"/> Add    |          |                               | <u>Callahan, Florida 32011</u> |
| <input type="checkbox"/> Remove            |          |                               |                                |
| 2) <input type="checkbox"/> Change         | <u>V</u> | <u>Jonathan Waddell</u>       |                                |
| <input type="checkbox"/> Add               |          |                               |                                |
| <input checked="" type="checkbox"/> Remove |          |                               | <u>Macclenny FL.</u>           |
| 3) <input type="checkbox"/> Change         |          |                               |                                |
| <input type="checkbox"/> Add               |          |                               |                                |
| <input type="checkbox"/> Remove            |          |                               |                                |
| 4) <input type="checkbox"/> Change         |          |                               |                                |
| <input type="checkbox"/> Add               |          |                               |                                |
| <input type="checkbox"/> Remove            |          |                               |                                |
| 5) <input type="checkbox"/> Change         |          |                               |                                |
| <input type="checkbox"/> Add               |          |                               |                                |
| <input type="checkbox"/> Remove            |          |                               |                                |
| 6) <input type="checkbox"/> Change         |          |                               |                                |
| <input type="checkbox"/> Add               |          |                               |                                |
| <input type="checkbox"/> Remove            |          |                               |                                |

**E. If amending or adding additional Articles, enter change(s) here:**

(Attach additional sheets, if necessary). (Be specific)

[illegible]

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

---

---

---

---

---

---

The date of each amendment(s) adoption: 4/17/15, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 4/17/15

Signature [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)

ERIC L. HOWARD II

(Typed or printed name of person signing)

President

(Title of person signing)