## P08000061206

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	David's L	andscape Maintene	ince, Corp
DOCUMENT NUMBER: P	08000061	204	<del>.</del>
The enclosed Articles of Amend	ment and fee are	e submitted for filing.	
Please return all correspondence	concerning this	matter to the following:	
1	Savid A	CKer wan Contact Person)	<i>*</i>
Davids	hand sca	pe Maintinance.  Company)	Corp
	503 R	Address)	
	(City) Su	lorida 32807 ate and Zip Code)	
For further information concerni			
David Ackern (Name of Contact Pers	Son)	at ( 407 ) 864 - (Area Code & Daytime	Telephone Number)
Enclosed is a check for the follo			
	iling Fee & te of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 Ci Tallahassee, FL 32301	rcle

## Articles of Amendment to Articles of Incorporation of

David's Land Scape Maintenance, Corp
(Name of Corporation as currently filed with the Florida Dept. of State)
P08000061206
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
(7 & D) Lawn Care Inc.
GtD Lawn Care 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)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  FLORET ARY OF STARRY OF STA
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: Gary Ackerman  1503 Regan Ave
New Registered Office Address: (Florida street address)
Orlando, Florida 32807 (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 smenting 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
<u>P</u>	Christopher Ackerman	1503 Regan Ave Orlando, Fl. 32807	Add Add Remove
<u>P</u>	Czary Ackerman	1503 Rogan Ave Orlando, Fl. 32807	Add Remove
<del></del>	·	·	Add Remove
	nding or adding additional Articles, enter additional sheets, if necessary). (Be specificational sheets)		
<u>provi</u>	amendment provides for an exchange, reclasions for implementing the amendment if national not applicable, indicate N/A)		
	noi applicable, malcale 1971)		· · · · · · · · · · · · · · · · · · ·
<del></del>			

The date of each amendment(s) adoption:
Effective date if applicable: 2009  (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 2/4/99
Signature Caxt derm
(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)
(Typed or printed name of person signing)
(Title of person signing)