

P08000084273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

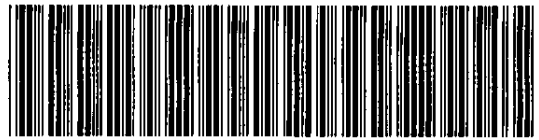
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03/11/10--01034--019 **43.75

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 MAR 11 PM 12:13

Amended/cub
@ 3/12/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Lucky Commercial Lawncare, Inc.

DOCUMENT NUMBER: P08000084273

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

Please return all correspondence concerning this matter to the following:

Shane Irons

(Name of Contact Person)

Lucky Commercial Lawncare, Inc.

(Firm/ Company)

5400 shady Pine St. South

(Address)

Jacksonville, FL 32244

(City/ State and Zip Code)

For further information concerning this matter, please call:

Dawn Irons

(Name of Contact Person)

at (904) 527-8287

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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

Lucky Commercial LawnCare, Inc.

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

P08000084273

(Document number of corporation (if known))

SECRETARY OF STATE
TALLAHASSEE, FL 32399
10 MAR 11 PM 12:13

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")


AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (**BE SPECIFIC**)

change ownership status as a Veteran owned
business. (copy of DD214 enclosed)

(Attach additional pages if necessary)

If an amendment provides for 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)

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) IRONS, SHANE ALLEN		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NO. 589 07 6580	
4.a GRADE, RATE, OR RANK PFC	4.b PAY GRADE E3	5. DATE OF BIRTH (YYYYMMDD) 19740804		6. RESERVE OBLIG. TERM. DATE Year 2002 Month 02 Day 25	
7.a PLACE OF ENTRY INTO ACTIVE DUTY JACKSONVILLE, FL		7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 5452 WATERSIDE DRIVE JACKSONVILLE, FL 32210-0000			
8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND 0021 MP CO COMBAT SPT ABN FC		8.b STATION WHERE SEPARATED FORT BRAGG, NC 28307-5000			
9. COMMAND TO WHICH TRANSFERRED USAR CRTLGP (REINF) ARPERCEN, 9700 PAGE BLVD, ST LOUIS, MO 63132				10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 100,000.00	
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 95B1P 00 MILITARY POLICE--1 YRS-10 MOS //NOTHING FOLLOWS		12. RECORD OF SERVICE		Year(s)	Month(s)
		a. Date entered AD This Period		1994	05
		b. Separation Date This Period		1996	06
		c. Net Active Service This Period		0002	01
		d. Total Prior Active Service		0000	00
		e. Total Prior Inactive Service		0000	00
		f. Foreign Service		0000	00
		g. Sea Service		0000	00
h. Effective Date of Pay Grade		1995	07	01	
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NATIONAL DEFENSE SERVICE MEDAL//ARMY SERVICE RIBBON//PARACHUTIST BADGE//NOTHING FOLLOWS					
14. MILITARY EDUCATION (Course title, number of weeks and month and year completed) MILITARY POLICE, 17 WEEKS, SEP 1994//NOTHING FOLLOWS					
15.a MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM		Yes X	No	15.b HIGH SCHOOL GRADUATE OR EQUIVALENT	
				Yes X	No
				16. DAYS ACCRUED LEAVE PAID 20	
17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
18. REMARKS DATA HEREIN SUBJECT TO COMPUTER MATCHING WITHIN DOD OR WITH OTHER AGENCIES FOR VERIFICATION PURPOSES AND DETERMINING ELIGIBILITY OR COMPLIANCE FOR FEDERAL BENEFITS//SUBJECT TO ACTIVE DUTY RECALL, MUSTER DUTY AND/OR ANNUAL SCREENING//BLOCK 6, PERIOD OF DELAYED ENTRY PROGRAM: 19940226-19940502//MEMBER HAS NOT COMPLETED FIRST FULL TERM OF SERVICE//MEMBER IS ENTITLED TO NONE INVOLUNTARY SEPARATION PAY//NOTHING FOLLOWS					
19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 5452 WATERSIDE DRIVE JACKSONVILLE, FL 32210-0000			19.b NEAREST RELATIVE (Name and address - include Zip Code) MARTY IRONS 5452 WATERSIDE DRIVE JACKSONVILLE, FL 32210-0000		
20. MEMBER REQUESTS COPY 6 BE SENT TO <u>FL</u> DIR OF VET. AFFAIRS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) J. F. BRIDGE, STG-USA, NCOIC, ETS/ADMIN SEC		
21. SIGNATURE OF MEMBER BEING SEPARATED 					

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
25. SEPARATION AUTHORITY AR 635-200, CHAP 18		26. SEPARATION CODE LCR	27. REENTRY CODE 3
28. NARRATIVE REASON FOR SEPARATION WEIGHT CONTROL FAILURE			
29. DATES OF TIME LOST DURING THIS PERIOD NONE		30. MEMBER REQUESTS COPY 4 SAL Initials	

The date of each amendment(s) adoption: 3/01/2010

Effective date if applicable: 3/01/2010
(no more than 90 days after amendment file date)


Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were approved 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.

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)

Shane A. Irons
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: \$35