

P08000098530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

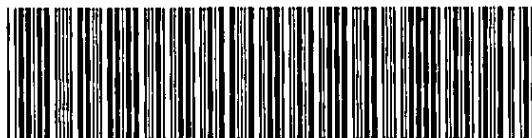
(Business Entity Name)

(Document Number)

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APR 11 2018

FILED
18 APR -9 AM 10:08
04/10/18--01019--005

N/C



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 14, 2018

JOSE LEMUS
JOSE LEMUS FULL LAND SERVICE INC.
8432 NW 189 STREET
MIAMI, FL 33015

SUBJECT: JOSE LEMUS FULL LAND SERVICE, INC.
Ref. Number: P08000098530

We have received your document for JOSE LEMUS FULL LAND SERVICE, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The current name of the entity is as referenced above. Please correct your document accordingly.

THE DATE OF THE AMENDMENTS ADOPTION CAN NOT BE AFTER THE DATE THE DOCUMENT WAS SIGNED.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 918A00003130

RECEIVED
18 APR - 9 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FL 32311

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JOSE LEMUS FULL LAND SERVICE INC

DOCUMENT NUMBER: P08000098530

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

Please return all correspondence concerning this matter to the following:

JOSE LEMUS

Name of Contact Person

JOSE LEMUS FULL LAND SERVICE INC

Firm/ Company

8432 NW 189 STREET

Address

MIAMI FL 33015

City/ State and Zip Code

DAMARISACCOUNTAX@YAHOO.COM

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

RECEIVED
18 FEB 13 PM 12:14
DIVISION OF CORPORATIONS
B-70A

For further information concerning this matter, please call:

DAMARIS HERNANDEZ

at (305)

851-6977

Name of Contact Person

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

JOSE LEMUS FULL LAND SERVICE, INC.

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

P08000098530

(Document Number of Corporation (if known))

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:

TREE LAWN 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**)

SAME

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

SAME

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 SAME

(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.

JOSE LEMUS

Signature of New Registered Agent, if changing

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

N/A

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)

N/A

03/01/2018

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

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 03/06/2018 _____

Signature

Jose Lemus

(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)

JOSE LEMUS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)