## P09000009953

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J DENNIS

AUG 1 9 2021

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: UNLIMITED LAW	/NS INC 			
DOCUMENT NUMB	ER: P09000009953				
The enclosed Articles of	of Amendment and fee are sul	bmitted for filing.			
Please return all corres	pondence concerning this mat	tter to the following:			
	WILLIAM E KNIGHT				
-	<u> </u>	Name of Contact Person			
	UNLIMITED LAWNS INC				
-		Firm/ Company			
	22186 MAJESTIC WOODS	WAY			
•		Address			
	BOCA RATON, FL 33427				
•		City/ State and Zip Code	2		
	CHILSMAN75@YAHOO.C	OM			
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
CHRISTINA HILSMAN		at ( <sup>561</sup>	756-4313		
Name o	f Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

## Articles of Amendment to Articles of Incorporation of



UNLIMITED LAWNS INC

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Name of Corporation	on as currently filed with the Florida Dept. of State)	1.
P09000009953		T.
(Docum	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following ar	mendment(s) to
A. If amending name, enter the new name of the co	orporation:	
		he new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	orporation," "company," or "incorporated" or the abbreviation " " or "Co". A professional corporation name must contain the eviation "P.A."	'Corp.," he word
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<b>OX</b> )	
(Mulling undress MAT DE AT OBT OTTTOE DO	<u></u>	<del></del>
		<del></del> -
D. If amending the registered agent and/or register new registered agent and/or the new registered of		
new registered agent and/or the new registered t	office address.	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code	e)
New Registered Agent's Signature, if changing Reg	istered Agent:	
i nereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.	
Siona	ature 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.

X Change	<u>PT</u>	John Da	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	S		YVONNE M KNIGHT	4648 ADDISON ST
X Add		_		BOCA RATON, FL 33428
Remove				,-
2) Change		_		
Add				
Remove Change		<del></del>		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	ecessary).	e <mark>s, enter change</mark> (Be specific)				
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an amendment provides	for an excha	ige, reclassifica	tion, or cancella	tion of issued sh	nares,	
provisions for implem <u>enti</u> i	ng the ameno	nge, reclassifica Iment if not con	tion, or cancella tained in the an	tion of issued sl nendment itself:	nares,	
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provisions for implementing (if not applicable, indic	ng the ameno	nge, reclassifica	tion, or cancells	tion of issued shendment itself:	nares,	

The date of each amendment(s) adoption date this document was signed.	:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block do document's effective date on the Department	es not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.
	by the shareholders through voting groups. The following statement oring group entitled to vote separately on the amendment(s):
"The number of votes east for the	amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
AUGUST 3, 2021 Dated	
Signature	ellia finght
selected, by an	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court ciary by that fiduciary)
WILLI	AM E KNIGHT
	(Typed or printed name of person signing)
PRESI	DENT
	(Title of person signing)