1090000 32574

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(555555 2)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100345638811

06/08/20--01009--003 **35.00



JUN 25 2020

S. YOUNG

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: _ P19000032 DOCUMENT NUMBER: __ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Address For further information concerning this matter, please call: Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section

Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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

οf

BEACON LANdSCAPING

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

PD9 DDDD 32574

(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:

N/K		The ne
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation "	". A professional corporatio	2d" or the abbreviation "Corp. n_name_must_contain_the_wor
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	ALU	
		2020
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	TO THE SECOND SE
If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		name of the
Name of New Registered Agent NA		
· (Flor.	ida strvet address)	
1.		, Florida Glip Code)
New Registered Office Address: NA	(City)	
, , , , , , , , , , , , , , , , , , ,		
New Registered Agent's Signature, if changing Registered A	Agent:	tions of the position.
New Registered Office Address: NA A Sew Registered Office Address: New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fum	Agent:	tions of the position.

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

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 = ChiefExecutive 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> <u>Jo</u>	ohn Doe	
X Remove	<u>v</u> <u>M</u>	tike Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	\checkmark	Christine Chong	5 It'll Ave
X Add			ORlando, FL 3280)
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. 1.	icles, enter change(s) (Be specific)			
NI/A-				
		· · · ·		
		<u> </u>		
			<u>. </u>	
				
				
<u> </u>				-
		<u></u>		, <u> </u>
			<u> </u>	
			c	
If an amendment provides for an exch	nange, reclassificatio	n, or cancellation o	Lissued Shares,	
provisions for implementing the ame	nange, reclassificatio ndment if not contai	n, or cancellation o ined in the amendn	insued shares, ent itself:	
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassificatio indment if not contai	n, or cancellation o ined in the amendn	tissued shares, ent itself:	
provisions for implementing the ame	nange, reclassificatio ndment if not contai	n, or cancellation o ined in the amendn	t issued shares, ient itself:	
provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassificatio indment if not contai	n, or cancellation o	I issued shares, ient itself:	
provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassificatio indment if not contai	n, or cancellation o	rissued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassificatio endment if not contai	n, or cancellation o	tissued shares, tent itself:	
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassificatio endment if not contai	n, or cancellation o	tissued shares, tent itself:	
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassificatio endment if not contai	n, or cancellation o	tissued shares, tent itself:	
(if not applicable, indicate N/A)	nange, reclassificatio	n, or cancellation o	rent itself:	

The date of each amendment(s) add	option:	, if other than the
date this document was signed.	01 100 1- 1- 10	
Effective date if applicable:	no more than 90 days after amer	dment file date)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory fil	ing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors	without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes ficient for approval.	cast for the amendment(s)
☐ The amendment(s) was/were appr must be separately provided for e	oved by the shareholders through voting group each voting group entitled to vote seperately o	os. The following statement n the amendment(s):
"The number of votes cast f	or the amendment(s) was/were sufficient for a	pproval
by		 :
•	(voting group)	
Dated	06/03/2020	
Signature	_	
(By a dir	rector, president or other officer – if directors	
	, by an incorporator – if in the hands of a rece ed fiduciary by that fiduciary)	ver, trustee, or other court
арропис	a ridderary by that ridderary)	
<u>-</u>	Minesh Patel	<u> </u>
	(Typed or printed name of person s	igning)
	President	
-	(Title of person signing)	