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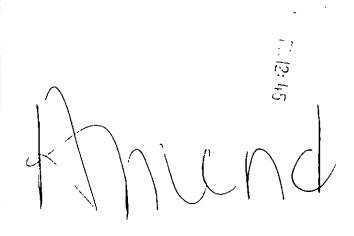
	(Requestor's Name)
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PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
	,
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:





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COVER LETTER

Division of Corporations					
NAME OF CORPORATION: Progreen Lawn & Design, Inc.					
DOCUMENT NUMBER: PO 9000035483					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Desmond Brooks Name of Contact Person Progreen Lawn & Design, Inc. Firm/ Company Address St. Peter FL 33713					
City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Desmand Brooks at (12) 109 - 5695 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:					
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment Section					

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

nt(s) to

P0900035483)	
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	his Florida Profit Corporation adop	ts the following amendme
A. If amending name, enter the new name of the corporation	<u>:</u>	
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 "P.	'. A professional corporation nam	Thenew the abbreviation "Corp.," e_must_contain_the_word
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)		د:.
		- -
		of the 7:12:45
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office additional agent and/or the new registered office agent and/or the new registered office and/or the new registered office agent and/or the new registered office and/or the new registered office additional agent agent agent agent agent and/or the new registered office additional agent		of the
Name of New Registered Agent		
(Florida	la street address)	
New Registered Office Address:	(City)	lorida(Zip Code)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili	iar with and accept the obligations o	f the position.
Signature of Ne	rw Registered Agent, if changing	

Check if applicable

 \Box 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 = 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.

Example: <u>PT</u> John Doe X Change X Remove V Mike Jones X Add <u>SV</u> Sally Smith <u>Addres</u>s Type of Action Title Name (Check One) Camacho 1) ____ Change Add Remove and brooks __ Change Remove Change Add _ Remove 4) ____ Change __ Add Remove 5) ____ Change ___ Add ___ Remove 6) ____ Change __ Add Remove

	(Be specific)			
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The date of each amendment(s) ac	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amend flicient for approval.	dment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following seach voting group entitled to vote separately on the amendment(s	statement):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
	rector, president or other officer – if directors or officers have not	
	 I, by an incorporator – if in the hands of a receiver, trustee, or oth ed fiduciary by that fiduciary) 	er court
	(Typed or printed name of person signing)	
	PRESIDEN+	
	(Title of person signing)	