## PD9000045329

| (Re                     | equestor's Name)   | -           |  |  |
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| (Ac                     | idress)            |             |  |  |
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| (Ci                     | ty/State/Zip/Phone | e #)        |  |  |
| PICK-UP                 | ☐ WAIT             | MAIL        |  |  |
| (Business Entity Name)  |                    |             |  |  |
| (Document Number)       |                    |             |  |  |
| Certified Copies        | _ Certificates     | s of Status |  |  |
| Special Instructions to | Filing Officer:    |             |  |  |
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SECRETARY OF STATE

Amend

JUL 1 1 2018
I ALBRITTON.

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR           | ATION: Sean Keleher A C                     | ut Above Lawn Service, Inc   | c  |
|--------------------------|---|--|--|
| DOCUMENT NUME            | P09000015329                                |  |  |
| The enclosed Articles    | of Amendment and fee are su                 | bmitted for filing.  |  |
| Please return all corres | pondence concerning this ma                 | tter to the following:   |  |
|                          | Scan Keleher                                |  |  |
| •                        |   | Name of Contact Person   | n  |
|                          | Sean Keleher A Cut Above I                  | Lawn Service, Inc.   |  |
|                          | <del>.</del>                                | Firm/ Company  |  |
|                          | PO Box 175                                  | , ,  |  |
|                          |   | Address  |  |
|                          | Wauchula, Fl. 33873                         |  |  |
|                          |   | City/ State and Zip Cod  | e  |
| seank                    | eleher@yahoo.com                            |  |  |
| · ·                      | <u>.</u>                                    | sed for future annual report                                       | notification)  |
|                          |   |  |  |
| For further information  | concerning this matter, pleas               | se call:   |  |
| Sean Kelcher             |   | 863  | 781-6793   |
| Name of Contact Person   |   | Area Co  | de & Daytime Telephone Number  |
| Enclosed is a check for  | the following amount made                   | payable to the Florida Depa  | artment of State:  |
| S35 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          |   |  | Address  |
|                          | ndment Section                              |  | Iment Section  |
|                          | sion of Corporations                        |  | on of Corporations   |
|                          | Box 6327<br>hassee, FL 32314                |  | Building Executive Center Circle   |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Sean Keleher A Cut Above Lawn Service, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P09000045329 (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: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: 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.

Signature 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.

| Example: XChange              | <u>PT</u>    | John Doe           |                    |  |
|-------------------------------|--------------|--------------------|--------------------|--|
| X Remove                      | <u>v</u>     | Mike Jones         |                    |  |
| X Add                         | <u>sv</u>    | Sally Smith        |                    |  |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u>        | <u>Addres</u> s    |  |
| 1) Change                     | <u>s</u>     | Kerry Sue Schontag | PO Box 175         |  |
| X Add                         |              |                    | Wauchula, FL 33873 |  |
| Remove                        |              |                    |                    |  |
| 2) Change                     |              |                    |                    |  |
| Add                           |              |                    | <del></del>        |  |
| Remove                        |              |                    |                    |  |
| 3 ) Change                    |              |                    |                    |  |
| Add                           |              |                    |                    |  |
| Remove                        |              |                    |                    |  |
| 4) Change                     |              |                    |                    |  |
| Add                           |              |                    |                    |  |
| Remove                        |              |                    | ···                |  |
| 5) Change                     |              |                    |                    |  |
| Add                           |              |                    |                    |  |
| Remove                        |              |                    |                    |  |
| 6) Change                     |              |                    |                    |  |
| Add                           |              |                    |                    |  |
| Remove                        |              |                    |                    |  |

| Attach additional sheets, if necessary).   | cles, enter change(s<br>(Be specific)          | <u> </u>           |                   |             |
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|  | د. سمد و                                       | n. or cancellation | of issued shares, |             |
| f an amendment provides for an excl  | ange, reclassification                         | my or cancemation  |                   |             |
| provisions for implementing the ame  | ndment if not conta                            | ined in the amendr | nent itself:      |             |
| f an amendment provides for an exch<br>provisions for implementing the ame<br>(if not applicable, indicate N/A)  | nange, reclassification<br>ndment if not conta | ined in the amendr | nent itself:      |             |
| provisions for implementing the ame  | nange, reclassification                        | ined in the amendr | nent itself:      |             |
| provisions for implementing the ame  | nange, reclassification                        | ined in the amendr | nent itself:      |             |
| provisions for implementing the ame  | nange, reclassification                        | ined in the amendr | nent itself:      |             |
| provisions for implementing the ame  | nange, reclassification                        | ined in the amendr | nent itself:      |             |
| provisions for implementing the ame  | nange, reclassification                        | ined in the amendr | nent itself:      |             |
| provisions for implementing the ame  | name, reclassification                         | ined in the amendr | nent itself:      |             |
| If an amendment provides for an exch<br>provisions for implementing the ame<br>(if not applicable, indicate N/A) | nange, reclassification                        | ined in the amendr | nent itself:      |             |
| provisions for implementing the ame  | name, reclassification                         | ined in the amendr | nent itself:      |             |
| provisions for implementing the ame  | ndment if not conta                            | ined in the amendr | nent itself:      |             |

|  | June 15, 2018  |   |
|--|--|---|
| The date of each amendment(s) date this document was signed.       | adoption:  | , if other than the                             |
|  | me 15, 2018  |   |
| Effective date <u>if applicable</u> :                              | (no more than 90 days after amendment  | file date)                                      |
| Note: If the date inserted in thi document's effective date on the | s block does not meet the applicable statutory filing rec<br>Department of State's records.  | quirements, this date will not be listed as the |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )   |   |
| The amendment(s) was/were a by the shareholders was/were           | dopted by the shareholders. The number of votes east fo sufficient for approval.   | or the amendment(s)                             |
|  | pproved by the shareholders through voting groups. The or each voting group entitled to vote separately on the a   |   |
| "The number of votes ca  | st for the amendment(s) was/were sufficient for approval   | l   |
| by   | (voting group)   |   |
| - 13   | (voting group)   | ·   |
| ☐ The amendment(s) was/were a action was not required.             | dopted by the board of directors without shareholder act   | ion and shareholder                             |
| The amendment(s) was/were a action was not required.               | dopted by the incorporators without shareholder action a   | and shareholder                                 |
| DatedSignature   | 7/1/18   |   |
| (By a selec  | director, president or other officer – if directors or offic<br>ted, by an incorporator – if in the hands of a receiver, tru<br>inted fiduciary by that fiduciary) |   |
|  | Sean Keleher   |   |
|  | (Typed or printed name of person signing)  |   |
|  | President  |   |
|  | (Title of person signing)  |   |