## P09000056026

| (Requestor's Name)                      |
|---|
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| (Address)                               |
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| (1.001000)                              |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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SECTION - SELLINGE

## COVER LETTER

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO  | RATION: RUBIOS LAWN S                      | ERVICES INC   |  |                |  |
|--|--|---|--|----------------|--|
|  | BER: P09000056026                          |   |  |                |  |
|  | s of Amendment and fee are su              | bmitted for filing.   |  |                |  |
| Please return all corre  | espondence concerning this ma              | tter to the following:  |  |                |  |
|  | ANA E ROSARIO                              |   |  |                |  |
|  | Name of Contact Person                     |   |  |                |  |
|  | AMERICAN TAX & PAYROLL SERVICES LLC        |   |  |                |  |
|  | Firm/ Company                              |   |  |                |  |
|  | 887 STATE ROAD 436                         | , ,   |  |                |  |
|  |  | Address   | · <del>-</del>   | -              |  |
|  | CASSELBERRY, FL 32707                      |   |  |                |  |
|  | ***  | City/ State and Zip Cod   | e  | •              |  |
|  | ana.rosario@americantaxpayroll.com         |   |  |                |  |
|  | E-mail address; (to be us                  | ed for future annual report   | notification)  |                |  |
| For further information  | on concerning this matter, pleas           | se call;  |  | SECUTE<br>TALL |  |
| RUBIER OROZCO  |  | ar ( 321  | , 2775285  |                |  |
| Name of Contact Person   |  | Area Co   | de & Daytime Telephone Numbe   |                |  |
| Enclosed is a check f  | or the following amount made               | payable to the Florida Dep  | artment of State:  | ·              |  |
| S35 Filing Fee   | ☐S43.75 Filing Fee & Certificate of Status | ☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)   | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | ANTI- CO       |  |
| 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, FI. 32303 |  |                |  |

## Articles of Amendment to Articles of Incorporation of

RUBIOS LAWN SERVICES LLC

|  |   | (31)() (31)()   |   |  |
|--|---|---|---|--|
| (Name  | of Corporation as currently                               | filed with the Florida De                             | pt. of State)                             |  |
|  | P09000056026  |   |   |  |
|  | (Document Number of                                       | Corporation (if known)                                |   |  |
| Pursuant to the provisions of section 607 its Articles of Incorporation:   | .1006, Florida Statutes, this I                           | Florida Profit Corporation                            | adopts the following                      | g amendment(s)                         |
| A. If amending name, enter the new n   | ame of the corporation:                                   |   |   |  |
| N/A  |   |   |   | Tri                                    |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association, | Corp," "Inc," or "Co". A                                  | ompany," or "incorporated<br>professional corporation | " or the abbreviatio<br>name must contain | _The new<br>on "Corp.,"<br>or the word |
| B. Enter new principal office address,   |   | N/A   |   |  |
| (Principal office address MUST BE A S  | TREET ADDRESS )   |   |   |  |
|  |   |   |   | <del></del>                            |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                              |   | N/A   |   |  |
| D. If amending the registered agent a  |   | ess in Florida, enter the na                          | ame of the                                | SEUGLI<br>SEUGLI                       |
| new registered agent and/or the ne   | -   |   |   | 一記 み                                   |
| Name of New Registered Agent   | N/A   |   |   |  |
|  |   |   |   |  |
|  | (Florida stre   | et address)   |   | 17                                     |
| New Registered Office Address:   | N/A   |   | . Florida                                 | m                                      |
| -  | (   | City)   | (Zip C                                    | lode)                                  |
| New Registered Agent's Signature, if c I hereby accept the appointment as regis.                                     | hanging Registered Agent:<br>tered agent. I am familiar w | ith and accept the obligatio                          | ns of the position.                       |  |
|  | Signature of New Re                                       | gistered Agent, if changing                           |   |  |
| Check if applicable  |   |   |   |  |

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

\_ Remove

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: X Change             | <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                     | P            | RUBIER OROZCO JR | 515 EL DORADO WAY                       |
| Add                           |              |                  | CASSELBERRY, FL 32707                   |
| X Remove                      |              |                  |   |
| 2) Change                     | P            | RUBIER OROZCO    | 515 EL DORADO WAY                       |
| X Add                         |              |                  | CASSELBERRY, FL 32707                   |
| Remove 3 ) Change             |              | <del></del>      |   |
| Add                           |              |                  |   |
| Kemove                        |              |                  | SECTIVE SECTION                         |
| 4) Change                     |              |                  |   |
| Add                           |              |                  | 12 d                                    |
| Remove                        |              |                  |   |
| 5) Change                     |              | <del>-</del>     | - ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' |
| Add                           |              |                  |   |
| Remove                        |              |                  |   |
| 6) Change                     |              |                  |   |
| Add                           |              |                  |   |
|                               |              |                  |   |

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| 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 dat document's effective date on the Department of State's records.                            | e will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)   |                             |
| ■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.  | n and shareholder           |
| ☐ 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 stateme must be separately provided for each voting group entitled to vote separately on the amendment(s): | nt                          |
| "The number of votes cast for the amendment(s) was/were sufficient for approval  |                             |
| by   |                             |
| (voting group)   |                             |
| JUNE 27,2023   |                             |
| Signature  |                             |
| (By a director, president or other officer – if directors or officers have not been  | 287<br>                     |
| selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)   | 150 ST                      |
| RUBIER OROZCO  | SECULLY STALLY              |
|  | <del> </del>                |
| (Typed or printed name of person signing)  | ·                           |
| PRESIDENT  | m, =                        |
| (Title of person signing)  | AHII: 56                    |
|  | rri .                       |