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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: STO Landscape S	ervices, Inc.
DOCUMENT NUMBER: P09000061748	
The enclosed Articles of Amendment and fee are su	ibmitted for tiling
Please return all correspondence concerning this ma	tter to the following:
Keely Haverland	~
STO Landscape Services. Inc	Name of Contact Person
9819 US Highway 441	Firm Company
Boynton Beach, Florida 3347	Address
	City State and Zip Code
KEELY@STOLANDSCAPE.	
E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, please	
Keely Haverland	
Name of Contact Person	at (561) 369-7994
Enclosed is a cheek for the following amount made pa	at (561) 369-7994 Area Code & Daytime Telephone Number yable to the Florida Department of States
S35 Filing Fac	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, 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 ta Articles of Incorporation of

ID.		
Pursuant to the	nber of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes its Articles of Incorporation:	this Florida Profit Corporation adopts the fo	llowing amendmen
A. If amending name, enter the new name of the corporation		
Haverland AG Innovations, Inc.	on:	
name must be distinguishable and contain the word "corporation". "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co "chartered," "partees involved.		The new
projessional association," or the abbreviation "	A professional corporation name must c P.A."	eviation "Corp.," contain the word
3. <u>Enter new principal office address. if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>)	N A	
STREET ADDRESS)		
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)	N A	رى
		- -
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If and the second secon		
If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	ddress in Florida, enter the name of the	_ _ _
Name of New Registered Agent N/A	'ess:	
The Registered Agent		
New Registered Office Address:	street address)	
Megaterea Office Address:	(City Florida, Florida	
	(c.ii)	Zip Coder
V Domina L		
v Registered Agent's Signature, if changing Registered Age reby accept the appointment as registered agent. I am familia	nt:	
- Same Control of the familia	r wiin and accept the obligations of the positio	n.
	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 (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

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. Example:

X Change	PT	<u> John Doc</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		-	
Add			
Remove			
2) Change	 .		
Add			
Remove 3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ets, if necessary).	es, enter change(s) her (Be specific)	_		
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F. If an amendment prov	ides for an exchang	e reclassification or	aanadlatiaet		
		nent if not contained i	n the amendmen	ssued shares,	
(if not applicable,	indicate N/A)		a the amendmen	it itseit:	
N/A					
					
				<u> </u>	
					

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cate this document was signed.	loption:, if other than the
Effective date if applicable:	
	(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, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopaction was not required.	pted 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 east for the amendment(s) Ticient for approval.
☐ The amendment(s) was/were appromist he separately provided for e	oved by the shareholders through voting groups. The following statement each voting group emitted to vote separately on the amendment(s):
	or the amendment(s) was were sufficient for approval
	·
	(voting group)
Signature By a dire selected.	ector, president or other officer - it directors or officers have not been by an incorporator - if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
<u>,</u>	Keely Haverland
	(Typed or printed name of person signing)
C	TFO .
	(Title of person signing)