

PO 9000081989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800162381098

11/04/09--01008--006 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 NOV -4 PM 1:11

FILED

AMEND.

B. CONNELL NOV 09 2009

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: AROYAL LAWN & LANDSCAPE, INC.

DOCUMENT NUMBER: P09000081989

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LARRY SMITH

Name of Contact Person

SMITH, SMITH & ASSOCIATES, INC.

Firm/ Company

6314 WHISKEY CREEK DR SUITE B

Address

FORT MYERS, FL 33919

City/ State and Zip Code

RTRUMP@EMBARQMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LARRY SMITH

Name of Contact Person

at ( 239 )

482-3573

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 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**

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

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building -  
2661 Executive Center Circle  
Tallahassee, FL 32301



**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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
T	NATHAN LAMBERT	8312 BOUNTY RD FORT MYERS, FL 33967	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
T	JEANEAN TRUMBOWER	8312 BOUNTY RD FORT MYERS, FL 33967	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

---

---

---

---

---

---

---

---

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
*(if not applicable, indicate N/A)*

---

---

---

---

---

---

---

---

The date of each amendment(s) adoption: 10/29/09  
(date of adoption is required)  
Effective date if applicable: 10/29/09  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ 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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 10/29/09

Signature

Nathan Lambert

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

NATHAN LAMBERT

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)