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TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: Willow Landscape	Management Corporation			
DOCUMENT NUMB	BER: P10000042225				
	of Amendment and fee are su	abmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Jillian Denmark				
•	 	Name of Contact Person	n		
	Willow Landscape Management Corporation				
,		Firm/ Company			
	850 NW Federal Highway, S	uite 130			
		Address			
	Stuart, FL 34994				
•	<u> </u>	City/ State and Zip Cod	e		
jillían	denmark@gmail.com				
	E-mail address: (to be u	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
Jillian Denmark		at (⁷⁷²	233-2389		
Name o	Sillian Denmark				
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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Willow Landscape Management Corporation

(Name of Corporation	n as currently filed with the Florida Dept. of State)
P10000042225	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida 5 its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:
	The new
	I "corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must contain the abbreviation "P A."
B. Enter new principal office address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDR	
	
	—————————————————————————————————————
C. Enter new mailing address, if applicable:	
(Muiling address MAY BE A POST OFFICE BOX	<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	tFlorida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. 13	stered Agent: am familiar with and accept the obligations of the position.
. , , , , , , , , , , , , , , , , , , ,	
Signat	ture 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.

Xample: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Gloria O'Neill	2581 Jupiter Park Drive F18
Add			Jupiter, FL 33458
X Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
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<u> </u>			-	
-				
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f an amendment provides for an exch	ange reclassifies	tion or cancellat	ion of iccued char	· pc
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not con	tained in the amo	endment itself:	<u> </u>
(if not applicable, indicate MA)				
			_	<u> </u>
		-		
	-			

The date of each amendment(s) date this document was signed.	adoption:	if other than the
_		
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 requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were aby the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendmer sufficient for approval.	n(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	adopted by the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
06/01/20 Dated Signature (By :	a director, president or other officer – if directors or officers have not bee	
selec	eted, by an incorporator — of in the hands of a receiver, trustee, or other control fiduciary by that fiduciary)	
	Victor Ryckman	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	