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15 DEC 31 AH 4: 39
SECRETARY OF STATE

JAN 06 2018

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Superior Lav	vnscape Serv	ices, In	с.			
DOCUMENT NUMB	ER: P10000052760						
The enclosed Articles	of Amendment and fee are su	ibmitted for filing					
Please return all corres	pondence concerning this ma	tter to the followi	ng:				
		Glenn A. Fr	aller, C.	F.O.	•		
•	Name of Contact Person						
_	Superior Lawnscape Services, Inc.						
Firm/ Company c/o Glenn Fraller dba Fraller Enterprises, 6777 Winkler Road, N178							
	Address						
	Fort Myers, FL 33919-7256						
		City/ State and	d Zip Code	2			
		pobastids2@	gmail.c	om			
<u> </u>	E-mail address: (to be us	sed for future ann	ual report	notificatio	n)		
For further information	concerning this matter, pleas	se call:					
G	lenn A. Fraller	at (	352	_)	274-0062		
Name o	f Contact Person		Area Co	de & Dayt	ime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Flo	orida Depa	rtment of	State:		
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Certified Cop (Additional c enclosed)	ру	Certif Certif (Addi	0 Filing Fee icate of Status ied Copy tional Copy closed)		
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314		Amend Divisio Clifton 2661 E	Address ment Section of Corpo Building xecutive Cossee, FL 3	orations Center Circle		

## Articles of Amendment to Articles of Incorporation

FILED

15 DEC 31 AM 4: 39

Superior Lawnscape Services, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE

, Florida

(Zip Code)

P10000052760 (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: 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." Not Applicable B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET AD</u>DRESS) C. Enter new mailing address, if applicable: Not 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:

Not Applicable

(Florida street address)

(City)

Name of New Registered Agent

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: X Change	<u>PT</u> John	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	C.E.O.	Carol Pace	4110 SW 162 Terrace
Add Remove	her share in COO and CI	as been removed from her position and the company forfieted. Collectively the FO voted on this important decision. n will remain vacant.	Ocala, FL 34481
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Changa			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Not Applicable
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)
Not Applicable

The date of each amendment(s) adoption:	October 15th, 2015	, if other than the
date this document was signed.		
Effective date if applicable:	December 31st, 2015	
	no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not a document's effective date on the Department of Sta	meet the applicable statutory filing requirements, the seconds.	nis date will not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)	
☐ The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app.	reholders. The number of votes cast for the amendr	nent(s)
	nareholders through voting groups. The following stroup entitled to vote separately on the amendment(s)	
"The number of votes cast for the amenda	nent(s) was/were sufficient for approval	
by	."	
	group)	
☐ The amendment(s) was/were adopted by the boa action was not required.	ard of directors without shareholder action and share	holder
The amendment(s) was/were adopted by the inc action was not required	orporators without shareholder action and sharehold	er
(Phun A)	tober 15th, 2015	
Signature (By a director, preside	nt or other officer – if directors or officers have not	been
selected, by an incorpo	orator - if in the hands of a receiver, trustee, or other	
appointed fiduciary by	that fiduciary)	
	Glenn A. Fraller	
(Ty	ped or printed name of person signing)	
	C.F.O.	
	(Title of person signing)	<del>.</del>