P10000093130

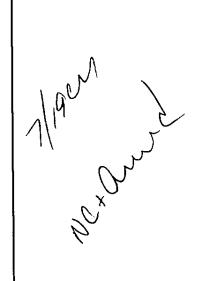
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

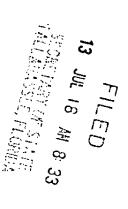
Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: Tim's Lawn & Pool Services, Inc				
DOCUMENT NUMBER: Y 100000 % 5150				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Timothy P. Roberts Name of Contact Person Tim's lawn Care, Inc. Firm/Company				
4D Box 200544				
Orlando Fr 32856-0544				
City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Timothy P. Roberts at (321) 239-9994				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				



June 26, 2013

TIMOTHY P. ROBERTS P.O. BOX 560544 ORLANDO, FL 32856-0544

SUBJECT: TIM'S LAWN & POOL SERVICES, INC.

Ref. Number: P10000093130

We have received your document for TIM'S LAWN & POOL SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L06000119716.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain Regulatory Specialist II

Letter Number: 213A00015976

Articles of Amendment to

Articles of Incorporation

_ of		
Tim's I own a fool Sec	vices Tinc.	
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
11000093130	# In	ಪ
(Document Number of Corporation (if	known)	<u>ہ</u> ج
Property of the Control of the Contr		
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Torida Profit Corporation adopts the following a	mention \square
·	7	≩ D
A. If amending name, enter the new name of the corporation:		<u>α</u>
<u>Truth Lawn Passion</u>		ie Wiew
name must be distinguishable and contain the word "corporation	""company," or "incorporated" or the abbr	eviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	20". A professional corporation name must com A "	tain the
•	Λ \	0.06
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4151 Conway Place	Circle
(1 the cipul of the address most be A 51 keet Address)	Drlando, tr 32812	
	,	
C. Enter new mailing address, if applicable:	DO ROU SLOSUN	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	10 1204 200 241	اسم
	Drlando, Fr 32856-	DS44
	•	
D. If amending the registered agent and/or registered office addre		
new registered agent and/or the new registered office address:		
Name of New Registered Agent VIH		
(Florida stree	et address)	
New Projectored Office Address	Florido	
New Registered Office Address:(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:	and the second	
I hereby accept the appointment as registered agent. I am familiar w	uin ana accept the obligations of the position.	
Signature of New Registered Ag	gent, 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 <math>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 (Check One) 1) Change	Title	Catherine E. Roberts	Address 4151 Conway Place (Orlando, Fz 32812
Add Remove			
2) Change Add			
Remove 3)ChangeAdd			
Remove			
4) Change Add Remove			
5) Change Add			
Remove			
Add			

ttach <i>additi</i>	ional sheets, i	lditional Artic if necessary).	(Be specific)				
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HH.					_		
							
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rovisions (for implemen	iting the amer	ange, reclassi adment if not	<u>iication, or car</u> contained in tl	ncellation of is he amendment	sued shares, itself:	
(if not a	applicable, inc	dicate N/A)					
10							
<u>IH</u>							
			<u> </u>				
<u> </u>							
					-		
			- 14 W	,			
		·					

The date of each amendment(s) ac	doption: 019113
Effective date if applicable:	6/19/13
	(no more than 90 days after amendment file date)
Admitted the American	(GVPGV OVP)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.
	proved by the shareholders through voting groups. The following statement 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)
	(voting group)
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	9/13 AP. Addy
	irector, president or other officer - if directors or officers have not been
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	Timothy P. Roberts
	(Typed or printed name of person signing)
	President
	(Title of person signing)