## P11000001653

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Adela Lawn Service Inc					
DOCUMENT NUMBER: Y 1100000 1653					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Bran Husbards Name of Contact Person  Adela Lawn Service Inc Firm/Company  2888 Sans Pareil St  Address  Jacksonville FL 32246  City/State and Zip Code  adela lawn @ amail.com					
E-mail address: (to be used for future armual report notification)  For further information concerning this matter, please call:					
Bran Husbards at 904, 887-8660					
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:					
S35 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certified Copy  (Additional Copy is enclosed)					
Mailing Address Street Address					

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment**

	to
Articles of	Incorporation
	of

Articles of Incorporation
Adela hawn Service Inc 2 3
(Name of Corporation as currently filed with the Florida Dept. of State)
P11000001653
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
Big City Properties IVC
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  ACKSON ! LE FL 30244
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  DYHONVILLE FL 30046
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:
Name of New Registered Agent  328 Co Ch Darcal St
(Florida street address)
New Registered Office Address: WYDN VILLE , Florida 30046 (City) , Florida (Zip Code)
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	1- 1-	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	nki	
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		Address
1) Change				
Add			•	
Remove				
2) Change				
Add				
Remove				
3 ) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
റ Change				
3 ) Change Add Remove 4) Change Add Remove 5) Change Add Remove Add				

(Attach addi	g or adding additional / tional sheets, if necessar	v). (Be specific)	eraj nere.			
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	# 11 mm 11 mm					
If an amen	dment provides for an e	xchange, reclassific	ation, or cancella	ation of issued sh	ares.	
provisions	for implementing the a	mendment if not co	ntained in the ar	nendment itself:		
(if not	applicable, indicate N/A	)				
$\cap 10$	}					
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	vill not be listed as the
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)	
(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	
(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)	
Bran Husbands (Typed or printed name of person signing)	
president	
' (Title of person signing)	