(Requestor's Name)	
(Address)	
1	
(Address)	
(City/State/Zip/Phone #)	
(City States Liph Holle #)	
☐ PICK-UP ☐ WAIT ☐ MAIL	
(Business Entity Name)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Special instructions to riving Officer.	
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Office Use Only



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SEP 13 2017 I ALBRITTON

## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION:	From Care Lawnscapes, Inc
DOCUMENT NUMBER: P110	80061528
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
Roxa	nne Kennedy
Creation Co	Name of Contact Person We Lawns Cases, Inc.
P.O. Bo	Firm/Company  3X 964
Safety H	arbov, FL 34695
roxanne@	City/ State and Zip Code  Creation lawns. Com  Jused for future annual report notification)
For further information concerning this matter, pl	ease call:
Koxanne Kennedy	at (727) 403-2109 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	le payable to the Florida Department of State:
\$35 Filing Fee Secretificate of Status	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, Fl. 32314

## Articles of Amendment to

Articles of Incorporation of

Creation Care Lawnscapes, Inc			
(Name of Corporation as currently filed with the Florida Dept. of Stat	<u>e</u> )		
D11 800011528	_		
(Document Number of Corporation (if known)			
(b) canche wanted of Corporation (it known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the its Articles of Incorporation:	following	g amendi	ment(s) to
A. If amending name, enter the new name of the corporation:			
		The n	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" of "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name word "chartered," "professional association," or the abbreviation "P.A."		phreviati	
B. Enter new principal office address, if applicable:			-
(Principal office address MUST BE A STREET ADDRESS )  ——————————————————————————————————			-
C. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	SELE	24 13 SE	- - <del></del>
	(Ano	- C1	- <u>-                                  </u>
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:	***	<del></del>	
Name of New Registered Agent Roxanne M. Kennedy	32 ( 's-	ţ,	
6313 Staunton D			
New Registered Office Address: Holicay (City). Florida	34 <u>(</u> (Zip C	<u>596</u> ode)	-
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 p			
Signature of New Registered Agent, if changing	osition,		
Signature of New Registered Agent, if changing			

Executive Officer, CFO held, President, Treasure Changes should be noted	irector tit Presiden = Chief . er, Direct I in the fo aves the c	le by the first let; T= Treasure Financial Offic or would be Pi llowing manne corporation, Sa	r: S= Secretary: D= Director: TR= er. If an officer/director holds more D. r. Currently John Doe is listed as the lly Smith is named the V and S. These	Trustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
X Change	PT	<u>John Doe</u>		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		<u></u> .
Type of Action (Check One)	Title	<u>Nan</u>	<u> </u>  -  -	<u>Addres</u> s
1) Change	P	_ <u>J</u>	ason A Webb	361 144th Ave N
Add				Madiera Beach FL 33708
_X_ Remove				
2) Change	9	_ <u>R</u> o	Kanne M Kennedy	6313 Staurton Dr.
.★ Add			)	Holiday, FC 34690
Remove				
3 ) Change				
Add				<del></del>
Remove				
4) Change			11	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				

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:

\_ Remove

If amending or adding additional Articles (Attach additional sheets, if necessary). (E	specific)
Action additional success, if necessary). (L	Se specific)
<u></u>	
	<u>                                     </u>
	1
	<u> </u>
<u>lf an amendment provides for an exchang</u>	e, reclassification, or cancellation of issued shares,
provisions for implementing the amendm	nent if not contained in the amendment itself:
(if not applicable, indicate N/A)	
1//4	
/V / Pl	
,	
	<u> </u>
	-   -
	<b>\</b>

The date of each amendment(s) adoption:	7-30-17 , if other than the
date this document was signed.	7-30-17
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of	t meet the applicable statutory filing requirements, this date will not be listed as the state's records.
Adoption of Amendment(s) (CH	ECK ONE)
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	hareholders. The number of votes cast for the amendment(s) proval.
The amendment(s) was/were approved by the must be separately provided for each voting	shareholders through voting groups. The following statement group entitled to vote sengrately on the amendment(s):
"The number of votes cast for the amen	dment(s) was/were sufficient for approval
by	ng group)
(voti	ng group) 
☐ The amendment(s) was/were adopted by the baction was not required.	oard of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the i action was not required.	 ncorporators without shareholder action and shareholder 
Dated <u>Aug 31, 2</u>	017
Signature ADOU	A Webb
(Bya director, president)	dent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court
appointed fiduciary	by that fiduciary)
2	Ison A Webh
	Typed or printed name of person signing)
D	mesident
<del></del>	(Title of person signing)