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| (Requ | estor's Name |) |
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| (Addre | ess) | |
| (Addre | ess) | |
| (City/S | State/Zip/Phor | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busir | ess Entity Na | me) |
| (Docu | ment Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Fil | ing Officer; | |
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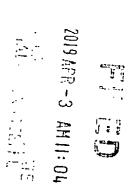
Office Use Only



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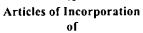
TO: Amendment Section

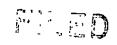
Division of Corporations

| NAME OF CORPORATION: Lawn Contractors |
|--|
| DOCUMENT NUMBER: |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Michaela Sabat mo Name of Contact Person Lawn Contractors Firm/ Company Po Boz 2019 Address Palmetto Pl City/ State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Contact Person |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| □ \$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certificate of Status |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle |

Tallahassee, FL 32301

Articles of Amendment to





| L'awn Contractors | 2019 APR - 3 AM 11: 04 |
|--|--|
| | filed with the Florida Dept. of State) |
| P120000 19600 | AL STATE OF THE ST |
| (Document Number of C | Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation: | orida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| W. R. DP. Inc | The new |
| name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P. | " "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 6920 694 STE |
| | Palmetto, P1 34221 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| | 0/8 |
| D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: | ss in Florida, enter the name of the |
| Name of New Registered Agent | N/A |
| (Florida stree | t address) |
| New Registered Office Address: | . Florida |
| | ity) (Zip Code) |
| | |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with | th and accept the obligations of the position. |
| | |
| Signature of New Reg | sistered 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 Doc | |
|-------------------------------|--------------|-------------|-----------------|
| | | | |
| 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 | | - D/& | |
| Add | | | |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| <u>If amending or a</u> Attach <i>additional</i> | dding additional Ar sheets, if necessary). | ticles, enter change . (Be specific) | <u>(s) here</u> : | | |
|---|---|---|----------------------|--|---------------|
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| provisions for in | provides for an exc nplementing the am cable, indicate N/A) | change, reclassificat tendment if not cont | ion, or cancellation | on of issued shares, adment itself: | |
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| The date of each amendment(s) adoption: | 3-1-19 | , if other than |
|---|---|--|
| date this document was signed. | | |
| Effective date if applicable: | 3-19 | |
| Elicetive date in applicable. | 5 - 19 (no more than 90 days after amendment) | file date) |
| Note: If the date inserted in this block does no document's effective date on the Department of S | ot meet the applicable statutory filing requestate's records. | uirements, this date will not be listed as |
| Adoption of Amendment(s) (CHE | ECK ONE) | |
| The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for ap | | r the amendment(s) |
| ☐ The amendment(s) was/were approved by the must be separately provided for each voting g | shareholders through voting groups. The group entitled to vote separately on the ar | following statement nendment(s): |
| | dment(s) was/were sufficient for approval | |
| by(voti | | • |
| (voti. | ing group) | |
| ☐ The amendment(s) was/were adopted by the b action was not required. | board of directors without shareholder acti | on and shareholder |
| The amendment(s) was/were adopted by the in action was not required. | incorporators without shareholder action a | nd shareholder |
| Dated 3-1-19 | | |
| <u> </u> | | |
| Signature Medica | | |
| | dent or other officer - if directors or officer rporator - if in the hands of a receiver, true | |
| appointed fiduciary | • | stee, or other court |
| ۸, د | | |
| _ Nu | dul 525 | |
| (7 | Typed or printed name of person signing) | |
| | President | |
| | (Title of person signing) | |

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