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(Re	equestor's Name)	
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ECRETARY OF STATE LLAHASSEE.FLORIDA

Amend

SEP 0 7 2012

T. CAULEY

COVER LETTER

J: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PAY-PER-	CUT LAWNS	ARC INC.	
DOCUMENT NUMBER:				
The enclosed Articles of	of Amendment and fee are sul	bmitted for filing.		
Please return all corresp	oondence concerning this mat	tter to the following:		
-	William Lake Name of Contact Person			
-		Firm/ Company		
_	6132 LAKE	Lizzie dR		
Address St. Clayd, Flatida 3477) City/ State and Zip Code				
PPC Lawncare & Gmail. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
William	Lake	at (32 /	<u> 805 - 1533</u>	
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	2343.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mail	Mailing Adduses		A ddwara	

Mailing Address

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

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	Articles of Inco	rporation	SECRETARY OF STATE TALLAHASSEL CLORIDA
Pay-Dee-Co	+ launcape	/NC	TABLE PRADATION SUBTUA
(Name of Corporatio	n as currently filed with the Flo	1.50	12 SEP -4 PM 3 : 28
P120000	14923	-	
(Docu	ment Number of Corporation (if	known)	
Pursuant to the provisions of section its Articles of Incorporation:	607.1006, Florida Statutes, this F	lorida Profit Corporati	on adopts the following amendment(s) to
A. If amending name, enter the new	w name of the corporation:		
			The new
name must be distinguishable and "Corp.," "Inc.," or Co.," or the de word "chartered," "professional ass	signation "Corp," "Inc," or "C	o". A professional co	corporated" or the abbreviation rporation name must contain the
B. Enter new principal office addr (Principal office address MUST BE			
C. Enter new mailing address, if a	maliachta.		
(Mailing address MAY BE A PO			
D. If amending the registered agen new registered agent and/or the	t and/or registered office address:	ss in Florida, enter the	e name of the
Name of New Registered Ag	en James Ba	illard	
	6132 Lake (Florida street	Lizzie AR et address)	·
New Registered Office Addr.	ess: Samt CLOL		orida 34771 (Zip Code)
New Registered Agent's Signature, I hereby accept the appointment as re	if changing Registered Agent: egistered agent. I am familiar wi	ith and accept the oblig	ations of the position.
	Signature of New Registered As	gent, if changing	

samending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and ddress 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	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	V James Ballard	6132 Lake Lizzie de
XAdd		St. Cloud, F1
Remove		3477
2) Change	V William Lake	6132 Lake LizziedR
Add		St. Claud, F1
Remove		34771
3) Change		
Add		1
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

<u>/</u> .					
. If amending or a	adding additional Ar	ticles, enter change	(s) here:		
(Attach additiona	ıl sheets, if necessary).	(Be specific)			
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			7.1.1		
			·		·
If an amandman	t provides for an exc	hanga maalaasifiaat	ion or concell	lation of issued s	havaa
provisions for i	implementing the am	endment if not cont	ained in the a	mendment itself	:
(if not appli	icable, indicate N/A)		,		•
 					
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The date of each amendment(s) adoption: $8-30-30/2$
Effective date if applicable: 8-30-20/2
(no more than 90 days after amendment file date)
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 8-30.12
Signature Willow Hode
(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)
William Lake
(Typed or printed name of person signing)
(Title of person signing)