P12000031079

(Re	equestor's Name)		
(Ac	idress)	<u> </u>	
(Ac	ldress)		
(Ci	ty/State/Zip/Phone #	· /	
PICK-UP	WAIT	MAIL	
(Bu	usiness Entity Name)	
(Document Number)			
Certified Copies	_ Certificates o	f Status	
Special Instructions to	Filing Officer:		

Office Use Only



600251257866

11/05/13--01011--014 **10.00

09/11/13--01004--003 **25.00



Amend (10.11.6.13

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: 7070	al LAWN CARE and Property Management
	000036079
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
Total L	Name of Contact Person - awn CARE and Proporty Management Firm/ Company
ກ	Firm/ Company
	130X 214 Address
45	Thi A FL 33547 City/ State and Zip Code
	City/ State and Zip Code
707-01/04/0 E-mail address	CACE 444 @ GMail. com s: (to be used for future annual report notification)
For further information concerning this ma	nter, please call:
STEPHEN MASI	at (813) 444-2887
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	unt made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filin Certificate o	
Mailing Address Amendment Section	Street Address Amendment Section

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 19, 2013

STEPHEN MASI TOTAL LAWN CARE AND PROPERTY MANAGEMENT P.O. BOX 214 LITHIA, FL 33547

SUBJECT: TOTAL LAWN CARE AND PROPERTY MANAGEMENT INC.

Ref. Number: P12000036079

We have received your document for TOTAL LAWN CARE AND PROPERTY MANAGEMENT INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

This corporation is registered as a Profit corporation not a Limited Liability Company.

The fee to file your document is \$35.

There is a balance due of \$10.00.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 313A00022046

Articles of Amendment to

Articles of Incorporation

of	
Total Lown CARE and Pa (Name of Corporation as currently filed with the F	OPECTY MANAGEMENT
P1200003	6079
(Document Number of Corporation (i	f known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc,," or "word "chartered," "professional association," or the abbreviation "	n." "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	18717 BOYETTE RD
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 214 LITHIA FL 33547
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address Name of New Registered Agent 5/EPhin Miles 18717 Boyen	
(Florida str	reel address)

New Registered Office Address:

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

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	PT John	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	STophen MASI	18717 Boyotte RD
X ∧dd		,	LITTO FL 33547
Remove			
2) Change	<u>_P</u>	LINDA BUSARINO	15905 SORAWATER DR
Add			LITTHIA FL 33547
X Remove			
3) Change	<u>VP</u>	Stephen Buscarino	15905 SORAWATER DR
			LITAIA FL 33547
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ticles, enter change(s) l (Be specific)		
			<u></u>
<u> </u>			
	-		
			
in amendment provides for an exc	hange, reclassification.	or cancellation of	issued shares,
nn amendment provides for an exc covisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification. endment if not contain	or cancellation of ed in the amendme	issued shares, nt itself:
ovisions for implementing the amo	hange, reclassification. endment if not contain	or cancellation of ed in the amendme	issued shares, nt itself:
ovisions for implementing the amo	hange, reclassification endment if not contain	or cancellation of ed in the amendme	issued shares, nt itself:
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ovisions for implementing the amo	hange, reclassification endment if not contain	or cancellation of ed in the amendme	issued shares, nt itself:
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ovisions for implementing the amo	hange, reclassification endment if not contain	ed in the amendme	issued shares, nt itself:
rovisions for implementing the amo	hange, reclassification endment if not contain	or cancellation of	issued shares, nt itself:
rovisions for implementing the amo	hange, reclassification endment if not contain	ed in the amendme	issued shares, nt itself:
rovisions for implementing the amo	hange, reclassification endment if not contain	ed in the amendme	issued shares, nt itself:

The date of each amendment(s) adoption: 10/23/13 date this document was signed.	if other than the
Effective date if applicable: 10/23/23 (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 east 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)	
☐ 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 10/23/13	
Signature Steph By	
(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)	
STEPHEN BUSCARING (Typed or printed name of person signing) VICE - President	
VICE - President (Title of person signing)	