P12000078769

(Requestor's Name)		
(Address)		
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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T. LEMIEUX

COVER LETTER

Division of Corporations NAME OF CORPORATION: Green Saver Lawn Care INC. P12000098769 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company Minneola FC 34715

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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 to

	Articles of Inco	rporation			
\bigcap	of 1	0 -			
<u>Lyreensa</u>	ver Lawn	Care Inc.			
(Name of Corporation a	s currently filed with the Flo	orida Dept. of State)			
P190X	3098169				
(Docume	nt Number of Corporation (if	known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	<i>Torida Profit Corporation</i> ad	opts the following a	mendm	ient(s) t
A. If amending name, enter the new n	ame of the corporation:				
				he ne	w
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associates. B. Enter new principal office address,	nation "Corp," "Inc," or "C ntion," or the abbreviation "F	Co". A professional corpora	raled" or the abbi	eviatio Itain th	n ie
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)				
			_		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST					
1	·				
D. If amending the registered agent an new registered agent and/or the ne		ess in Florida, enter the nam	e of the		
Name of New Registered Agent					
	. (Florida stre	et address) '			
New Registered Office Address:	(City)	, Florida_	(Zip Code)		
New Registered Agent's Signature, if c				13 F	ding Lif Sharesi
I hereby accept the appointment as regis	tered agent. I am familiar w.	ith and accept the obligations	757	- 83	11
Si	gnature of New Registered As	gent, if changing	SEE RE	7 PH 1:	
	,			-	

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	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Graziella Cannata	1006 willow oak Loop
Add			1006 willow oak Loop Minnedu El 34715
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	1 // 1/		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Artic ttach additional sheets, if necessary).	
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	<u> </u>
an amendment provides for an excharge solutions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	•

The date of each amendment(s) adoption: 2///3 Effective date if applicable: 2/1//3	
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement 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)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
action was not required.	
Dated	1/13 mielo (annata
(By a)	firector, president or other officer - if directors or officers have not been
	ed, by an incorporator — if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	Corriella Cannata
	Craziella Cannata (Typed or printed name of person signing)
	President
	(Title of person signing)