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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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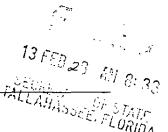
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: DIVISION 1	LAWN CARE,	CORP.
	BER: P1300001528		
	of Amendment and fee are sul		
Please return all corres	spondence concerning this mat	ter to the following:	
	DONOVAN L RIV	ERS	
		Name of Contact Person	1
	DIVISION 1 LAW	N CARE, CORF	
		Firm/ Company	
	10541 COLONIAL	ISLES GRAND	BLDG 28, APT. 209
		Address	
	TAMPA , FL 3364		
		City/ State and Zip Code	e
MII	KE@DNSCPA.CC	M	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
	, , , , , , , , , , , , , , , , , , ,		
DONOVAN I	_ RIVERS	_{at (} 813	_, 785-2156
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	\$43.75 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)
Am Div	iling Address endment Section ision of Corporations D. Box 6327	Ameno Divisio	Address Iment Section on of Corporations Building
	lahassee, FL 32314	2661 E	Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



DIVISION 1 LAWN CARE, CORP.

(Name of Corporation as currently filed with the Florida Dept. of State)

P13000015288

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

name must he distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc." or "Co".	A professional	
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if applia (Mailing address MAY BE A POST of			
D. If amending the registered agent an		in Florida, enter	the name of the
new registered agent and/or the new	W registered office address: DONOVAN L. RIVE	RS	
Name of New Registered Agent	10541 COLONIAL ISLES GRA	ND BLDG 28, AF	PT. 209
Van Paristand Office Address	(Florida street a		Florida 33647
New Registered Office Address:			(Zip Code)

Signature of New Registered 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Р	DONOVAN BUSH SR	10541 COLONIAL ISLES GRAND
Add			BLDG 28, APT 209
X Remove			TAMPA, FL 33647
2) Change	Р	DONOVAN L RIVERS	10541 COLONIAL ISLES GRAND
X Add			BLDG 28, APT 209
Remove			TAMPA, FL 33647
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove		•	

	cles, enter change(s) here; (Be specific)	
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f an amandmant pravidas for an evel	nanga reclassification or cancellation of issue	d shares
provisions for implementing the ame	nange, reclassification, or cancellation of issue andment if not contained in the amendment its	d shares, elf:
f an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issue andment if not contained in the amendment its	<u>d shares,</u> elf:
provisions for implementing the ame	nange, reclassification, or cancellation of issue andment if not contained in the amendment its	d shares, elf:
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provisions for implementing the ame	nange, reclassification, or cancellation of issue and the amendment its name and the amendment its	d shares, elf:

The date of each amendment	(s) adoption: 02/22/13
Effective date <u>if applicable</u> :	02/22/13
enective date <u>in applicable</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	
•	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
Dated_ 02 /	25/13
Signature _	By a director, president or other officer - if directors or officers have not been
Se	elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)
	DONOVAN L RIVERS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)