## P13000074086

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17914

## MAINTAIN SYSTEMS LANDSCAPING, INC.

**Amendment Section** 

**Division of Corporations** 

PO Box 6327

Tallahassee, FL 32314

To Whom it may concern:

The only changes being made are the following:

- 1. Changing the Designation of "Corporation" to "Inc."
- 2. Adding the Secretary "Mitch Propster".

Thank youL

Mitch Propster

Maintain Systems Landscaping, Inc.

## **COVER LETTER**

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			# P	
		COVER LETTER	•	
TO: Amendment Sec Division of Corp			,	6.2
NAME OF CORPO	RATION: Maintain Sys BER: P130000408		ng Corporation	A.F.
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Mitch Propster			
		Name of Contact Person	n	<del>-</del>
	Maintain Syste	ms Landscap	ing Corporation	
		Firm/ Company		_
	520 Clay St.			_
	Winter Park, Fl	Address L 32789		
		City/ State and Zip Code	е	-
se	rvice@maintain			
	E-mail address: (to be us	ed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	e call:		
Mitch Prop	ster	<sub>at (</sub> 407	, 951-8040	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	r
Enclosed is a check fo	or the following amount made p	payable to the Florida Depa	urtment 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)	
Ame Divi P.O.	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle	
		Tallaha	ssee, FL 32301	

## **Articles of Amendment** Articles of Incorporation



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

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(Document Number of Corporation (if known)

(s) to

Enter new principal office address, if applicable: incipal office address <u>MUST BE A STREET ADDRESS</u> )	520 Clay St.	
ncipal office address <u>MUST BE A STREET ADDRESS</u> )	\Alinton Donle El	<del></del>
	Winter Park, FL	·
	32789	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	520 Clay St.	
	Winter Park, FL	
	32789	
	address in Florida, enter the name of	CHC
Name of New Registered Agent	dress:	<u> </u>
520 Clay S	dress:	<u>uie</u>
Name of New Registered Agent 520 Clay S	t. da street address)	

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 Romova, and Sally Smith SV as an Add

Mike Jones, V as Remov Example:	ve, and Sa	lly Smith, SV as an Add.	
X Change	<u>PT</u>	John Doe	1
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	Address GE
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address Services
1) Change	S	Mitch Propster	520 Clay St.
Add			Winter Park, FL 32789
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Pamaya			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)	
N/A	<u>.</u>
	<del> </del>
	The state of the s
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	<del></del>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued sha	TAG
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
N/A	
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date this document was signed.	doption:	, if other than the
Effective date if applicable:		
meetive date <u>in applicable</u> .	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	1 Section
The amendment(s) was/were ad by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	i w
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
<sub>Dated</sub> 11/25/2	D14	
Signature	7. P	_
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Mitch Propster	
	(Typed or printed name of person signing)	
	Secretary	
	(Title of person signing)	