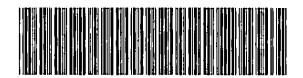
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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

Division of Corporations
NAME OF CORPORATION: A.P. G. SOLUTIONS, FOC. DOCUMENT NUMBER: P14000049240
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Please return an correspondence concerning this matter to the following.
Susan Willitzws Name of Contact Person
Name of Contact Person
Natural Art 45 4 Design Inc
Firm/ Company 1120 5 Federal Huy Stett 1
Yuuress
FORT LAUDERDME, FL 33316 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Angel Aguilae at 786 712 1917 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
is chelosed)
Z 14 11 A LL N O. 1 A LL

TO: Amendment Section

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

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of	
All G Sal Line	$T_{\alpha'}$
(Name of Corporation as currently	filed with the Florida Dept. of State)
P14000049	240
(Document Number of	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
ANGEL AGUILAR LAWY SEAVICE TO	The new
ANGEL AGMILAR LAWN Service, In name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompuny," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NN
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	ess in Florida, enter the name of the
(Florida stree	et address)
New Registered Office Address:	, Florida
(1	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the second se	ith and accept the obligations of the position.
N K	
Signature of New Res	gistered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c)	e), F.S.

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)

Example:

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.

X Change	<u>P1</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jor	nes	
_X Add	<u>sv</u>	Sally Sn	<u>uith</u>	
Type of Action (Check One)	Title		Name	Address
1) N Ehange		_		
Add				
Remove 2) Khange	<u></u>	_		
Add				
Remove Change				
Add				
4)Remove		_		
Add				
7) Remove		_		
Add				
Remove				
6) Change				
Add				
Remove				

E. <u>If amendir</u>	ng or adding additional A	rticles, enter chang	e(s) here:		
(Attach ada	litional sheets, if necessary,). (Be specific)			
	NA				
~ _ _			- -		
		 			
					
					
		<u> </u>			
					
					
					
		.			
If an amer	ndment provides for an ex s for implementing the ar	change, reclassifica	tion, or cancellatio	n of issued shares,	
(if no	t applicable, indicate N/A)	<u>nenoment it hot co</u>	ittained in the ather	iament usen.	
	NA				
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The date of each amendment(s) ad date this document was signed.	option: 4-23-22	, if other than th
Effective date if applicable:	(no more than 90 days after amendment fil	e date)
Note: If the date inserted in this bl- document's effective date on the Dep	ock does not meet the applicable statutory filing requi- partment of State's records.	rements, this date will not be listed as ti
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors without	shareholder action and shareholder
The amendment(s) was/were adop by the shareholders was/were suf	nted by the shareholders. The number of votes cast for ficient for approval.	the amendment(s)
	roved by the shareholders through voting groups. The second voting group entitled to vote separately on the ame	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
Signature (By a din selected	etor, president or other officer – if directors or officers, by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	
-	Angel PEREZ-AGU (Typed or printed name of person signing)	lac
	Dreside A	