P140000 70050

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10/15 4/2/15

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Naples Lawn Equipment, Inc.
DOCUMENT NUMBER: P14000070050
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
William E Jones Name of Contact Person
Name of Contact Person
Name of Contact Person Naple= Lawn Equipment, Inc Firm/ Company
5725 Yahl St # 5
NAPLES, FL 34109
City/ State and Zip Code
naple = lawnequipment @ gmail. Co E-mall address: (to be used for fiture argual report notification)
E-man address. (to be used for father algular report normeacon)
For further information concerning this matter, please call:
William & Jones at 239, 438-2376
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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment 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

Articles of Amendment

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	Articles of Incorporation	tion	30 PM 4: 06	
NAPLES LAWN	EGILIPME	VI, THE	ee etatf	
(Name of Corporation as current		Dept. of State)	SEF FLORID	i A
P1400007005	0	TALL JAMA	garan,	
	er of Corporation (if known)	,	
ursuant to the provisions of section 607.1006, Fl Articles of Incorporation:	orida Statutes, this Florida	Profit Corporation ado	pts the following	amendment(
. If amending name, enter the new name of the	he corporation:			
				The new
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "Cord "chartered," "professional association," or Enter new principal office address, if applic	Corp," "Inc," or "Co". A r the abbreviation "P.A." cable:			
Principal office address <u>MUST BE A STREET.</u>	<u>ADDRESS</u>)			

. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)			
. If amending the registered agent and/or reg new registered agent and/or the new registe		lorida, enter the name	of the	
Name of New Registered Agent				
	(Florida street addre	ess)		
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
ew Registered Agent's Signature, if changing hereby accept the appointment as registered age		accept the obligations o	of the position.	
Signatura	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	<u>2</u>		
X Remove	V	Mike Jor	ies		
X Add	<u>sv</u>	Sally Sm	<u>iith</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change		_		- ,	
Add Remove					
2) Change		_	,	 	
Add Remove					
3) Change		_			
Add Remove					
4) Change					
Add Remove					
5) Change					
Add					
Remove					
6) Change		_			
Remove					

tach <i>additional she</i>	ng additional Ar eets, if necessary).			_		
// 	<u>. ,</u>					
				 		
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n amendment pr	ovides for an exc	hange, reclas	sification, or	· cancellation	of issued sha	res.
ovisions for impl	ementing the am le, indicate N/A)	endment if no	t contained	in the amend	ment itself:	
Chance		ares	held	bu	Hice	r<
Willian	1 E	ares Tones	, <u></u>	850%	,	
Francis	5CD G	arria		15-6/)	
		<u> </u>	·	is for		
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				·		· ·

The date of each amendment(s) adoption: $\frac{3/24/15}{}$, if other than the
Effective date if applicable: 3/24/15 (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 cast 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 3/24/15 Signature William & Jones	
(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)	
William E Jones (Typed or printed name of person signing) President	
(Typed or printed name of person signing)	
(Title of person signing)	_