

P15000011967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900274572349

07/06/15--01003--009 \*\*35.00

FD-50  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 AUG 31 AM 8:58

SEP 2 2015  
C LEWIS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 12, 2015

JUAN C CORTES PONCE  
1736 WELLESLEY CIRCLE 4  
NAPLES, FL 34116 US

SUBJECT: PRESTIGE LAWN SERVICE OF SW FL INC  
Ref. Number: P15000011967

We have received your document for PRESTIGE LAWN SERVICE OF SW FL INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Articles of Correction must be filed within 30 days of the date that the original document was filed.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 215A00014430

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: PRESTIGE LAWN SERVICE OF SW FL INC

DOCUMENT NUMBER: P15000011967

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN C CORTES PONCE

Name of Contact Person

PRESTIGE LAWN SERVICES OF SW FL INC

Firm/ Company

1736 WELLESLEY CIRCLE APT 4

Address

NAPLES, FL 34116

City/ State and Zip Code

CGPSSERVICES@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN C CORTES PONCE

Name of Contact Person

at ( 239 )

234-9323

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

**Mailing Address**

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 Incorporation  
of

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

PRESTIGE LAWN SERVICES OF SW FL INC

15 AUG 31 AM 8:58

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

P15000011967

(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:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

, Florida

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

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                      PT      John Doe

X Remove                     V       Mike Jones

X Add                         SV      Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>X</u> Change	<u>VP</u>	<u>ARISTIZABAL KATHERINE</u>	<u>1736 WELLESLEY CIRCLE APT</u>
<u>      </u> Add			<u>NAPLES, FL 34116</u>
<u>      </u> Remove			
2) <u>      </u> Change	<u>      </u>	<u>      </u>	<u>      </u>
<u>      </u> Add			<u>      </u>
<u>      </u> Remove			<u>      </u>
3) <u>      </u> Change	<u>      </u>	<u>      </u>	<u>      </u>
<u>      </u> Add			<u>      </u>
<u>      </u> Remove			<u>      </u>
4) <u>      </u> Change	<u>      </u>	<u>      </u>	<u>      </u>
<u>      </u> Add			<u>      </u>
<u>      </u> Remove			<u>      </u>
5) <u>      </u> Change	<u>      </u>	<u>      </u>	<u>      </u>
<u>      </u> Add			<u>      </u>
<u>      </u> Remove			<u>      </u>
6) <u>      </u> Change	<u>      </u>	<u>      </u>	<u>      </u>
<u>      </u> Add			<u>      </u>
<u>      </u> Remove			<u>      </u>

**E. If amending or adding additional Articles, enter change(s) here:**  
(Attach additional sheets, if necessary). (Be specific)

PLEASE MAKE THE FOLLOWING CORRECTION ON THE ARTICLES OF INCORPORATION: ARTICLE VII

THE FIRST NAME IS: KATHERINE. THE LAST NAME IS: ARISTIZABAL

IN ADDITION, PLEASE CORRECT THE VP OFFICER NAME AS FOLLOW: ARISTIZABAL, KATHERINE

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
(if not applicable, indicate N/A)

02/05/2015

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

15 AUG 31 AM 8:58

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

08/27/2015

Dated \_\_\_\_\_

Signature \_\_\_\_\_

(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)

JUAN CORTES PONCE

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)