## P15000033701

(Re	equestor's Name)	
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Amendment Section Division of Corporations
ME OF CORPORATION: PBS LAWNCARE INC  CUMENT NUMBER: P15000033701  conclosed Articles of Amendment and fee are submitted for filling.
CUMENT NUMBER: P15000033701
enclosed Articles of Amendment and fee are submitted for filing.
se return all correspondence concerning this matter to the following:
MIN BAE
Name of Contact Person
MIN BAE CPA INC
Firm/ Company
10151 DEERWOOD PARK BLVD BLDG 200 STE 250
Address
JACKSONVILLE, FL 32256
City/ State and Zip Code
MINBAE@COMCAST.NET
E-mail address: (to be used for future annual report notification)
further information concerning this matter, please call:
N BAE864-2588
Name of Contact Person Area Code & Daytime Telephone Number
osed is a check for the following amount made payable to the Florida Department of State:

**Mailing Address** 

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

□\$43.75 Filing Fee &

Certificate of Status

Street Address

□\$43.75 Filing Fee &

Certified Copy (Additional copy is

enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□\$52.50 Filing Fee

Certified Copy (Additional Copy

is enclosed)

Certificate of Status

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

PBS LAWNCARE INC  (Name of Corporation as currently filed with the Florida Dept. of State)  P15000033701  (Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  N/A  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 MIST BE A STREET ADDRESS)  N/A  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:  N/A  (Florida street address)		Articles of fileon	poracion		ا ( چاھرىيىن سىس
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Name of New Registered Agent	new registered agent and/or the new	registered office address:	s in Florida, enter the name	e of the	
(Florida street address)	Name of New Registered Agent				
(Florida street address)					
		(Florida street	t address)		
New Registered Office Address: , Florida	New Registered Office Address		Elorida		
(City) (Zip Code)	tien registered typice radiess.	(Citv)	, Florida_	(Zip Code)	
••••••••••••••••••••••••••••••••••••••		• ′		-	

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

1 hereby accept the appointment as registered agent. 1 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 <math>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>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	JINNY HWANG	5820 HECKSCHER DR
			JACKSONVILLE
Remove			FL 32226
2) Change	Р	ANDY LEE	5820 HECKSCHER DR
Add			JACKSONVILLE
Remove			FL 32226
3) Change			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attack additional description	icles, enter change(s) here:
Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument if not contained in the amendment resent.
•	

The date of each amendment(s) adde this document was signed.	doption:	, if other than the
Effective date if applicable:	•	
Effective date it applicable.	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add 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):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 3-	6-2015	
selecte	director, 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)	<del></del>
	ANDY LEE	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	