P15000013480

	PL! I
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PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GINGERICH	WN CARE INC
DOCUMENT NUMBER: P15000073680	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	natter to the following:
PAMELA YUTZY	
YUTZY'S BUSINESS S	Name of Contact Person LUTIONS INC
1569 SHADOW RIDGE	Firm/ Company
SARASOTA FL 34240	Address
pamelay28@comcast.net	City/ State and Zip Code
E-mail address: (to be For further information concerning this matter, pl	used for future annual report notification) ease call:
PAMELA YUTZY	at () 378-4171
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 □\$43.75 Filing Fee & Certificate of Status	
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 Articles of Incorporation

	Articles of Am	endment		
	to	rnoration	· ~ /	\circ
	of	i por ación	200	
GINGERICH LAWN CARE INC			t. of State)	1
(Name of Corp	oration as currently	filed with the Florida Dep	t. of State)	
P15000073680	[]			
	ocument Number of 6	Corporation (if known)		6, -
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	iorida Statutes, this <i>F</i>	lorida Profit Corporation &	and a second	G.
A. If amending name, enter the new name of	he corporation:			
PATHWAY LAWNS INC				
name must be distinguishable and contain the	<u> </u>	9 0 0 m 9 m 9 m	The new	
"Corp.," "Inc.," or Co.," or the designation " word "chartered," "professional association," o	Corp." "Inc." or "C	o". A professional corpor		
B. Enter new principal office address, if appli	ico blo:	4436 WILKINSON RD		
(Principal office address MUST BE A STREET		SARASOTA FL 34233		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		4436 WILKINSON RD		
· ·		SARASOTA FL 34233		
		-		
D. If amending the registered agent and/or re		ss in Florida, enter the nar	ne of the	
new registered agent and/or the new regist	ered office address:			
Name of New Registered Agent			_	
4436	WILKINSON RD			
	(Florida stree	t address)	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address: SARA	Š OTA		, Florida 34233	
res registered office marcis.	(0	City)	(Zip Code)	
New Registered Agent's Signature, if changing			4.1	
I hereby accept the appointment as registered ag	en t. I am familiar wi	th and accept the obligation	s of the position.	
	Signature of New Reg	gistered Agent, if changing		

(Attach additional sheets, Please note the officer/dir P = President; V = Vice : Executive Officer; CFO : held. President, Treasure Changes should be noted	if necess rector titl President = Chief I r, Directo in the fo wes the c	ary) be by the first letter of the of The Treasurer, S= Secret Financial Officer. If an off or would be PTD, Illowing manner, Currently orporation, Sally Smith is r	fice title: ary: D= Director: TR= Tru icer/director holds more the John Doe is fisted as the P:	irector being removed and title, name, and istee: C = Chairman or Clerk; CEO = Chief an one title, list the first letter of each office ST and Mike Jones is listed as the V. There is would be noted as John Doe, PT as a Change,
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s
I) X Change		SCOTT MILLE	R	4436 WILKINSON RD
Add		14 		SARASOTA FL 34233
Remove				
2) X Change		∭ CH A RITY MIL	LER	4436 WILKINSON RD
Add				SARASOTA FL 34233
Remove				
3) Change				
Add				
Remove				
4) Change				
Add		-		
Remove				
5) Change			····	
Add				
Remove				
6) Change				
Add				
Remove				·

Page 2 of 4

E. <u>If amending or adding additional Artic</u>	les enter change(s) h <u>ere</u> :
(Attach additional sheets, if necessary).	(Belspecific)
N/A	
	A II
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	NII
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F. If an amendment provides for an excha	ingedreclassification, or cancellation of issued shares,
provisions for implementing the amen	inge reclassification, or cancellation of issued shares, idment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
	
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The date of each amendment(s) adoption:, if other than
date this document was signed.
Effective date if applicable: (no more than 90 days after amendment file date)
if no more than 90 days after amenament file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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"
(voling 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.
11-17-17 Dated
Signature Scott Wille
(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)
SCOTT MILLER
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)