P1500003822

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Amend

MAR 21 2016 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

M.C.R LAWN SERVICES INC NAME OF CORPORATION:		
P15000083822 DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
GABRIEL RANGEL		
(Name of Contact Person)		
M.C.R LAWN SERVICES INC		
(Firm/ Company)		
844 PALM AVE.		
(Address)		
WINTER GARDEN, FL 34787		
(City/ State and Zip Code)		
E-mail address: (to be used for future annual report notifi	cation)	
For further information concerning this matter, please call:		
GABRIEL RANGEL 407-247	7-8209	
	ode) (Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to the Florida Departme	nt of State:	
Certificate of Status 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

M.C.R LAWN SERVICES INC

M.C.K	LAWN SERVICES INC
(Name of Corporation as	s currently filed with the Florida Dept. of State)
P150	000083822
(Document)	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corpor	ration:
	The new
	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u>SS</u>)
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
·	Ar.
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
D. If amending the registered agent and/or registered o	
new registered agent and/or the new registered offic	e address:
Name of New Registered Agent	
	Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
The say the opening appointment the regime real agents of the	juminar with the decept the doing and in by the position.
<del></del>	
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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	BRENDA LANDAVERDE	844 PALM AVE
Add			WINTER GARDEN, FL 34787
X Remove			
2) Change	<u></u>		
Add			
Remove			
3) Change	<u></u>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<del></del>	
Add			
Remove			
6) Change			
Add			·
Remove			

( amending or adding additional Artiutach additional sheets, if necessary).	(Be specific)
,	
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	<u> </u>
	A

The date of each amendment(s) ado date this document was signed.	ption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Department.	ock does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder
Dated D3-	id Rages
Signature Galve	iel Rargel
(By a dil	cetor, president of other officer – if directors of officers have not been
	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
арропис	
_	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President.
_	(Title of person signing)