## P14000053327

(Re	equestor's Name)			
(Ad	ddress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	#)		
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(Bo	usiness Entity Name	e)		
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2016 JUL -8 PH 2: 28
SECRETARY OF STATE
AND ASSEE, FLORIDA

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JUL 13 2016

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	RATION: TRU COLORS GI	ROUNDSCARE, INC	
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are su	bmitted for filling.	
Please return all corres	pondence concerning this ma	tter to the following:	
	LORI DELIN		
		Name of Contact Person	1
		Firm/ Company	
		Address	
		City/ State and Zip Code	e
LORI	♠ @TRU-COLORSCONTRAC	TING.COM	
<del></del>	E-mail address: (to be us	sed for future annual report	notification)
For further information	i concerning this matter, pleas	e call:	
LORI DELIN		at (	)
Name o	of Contact Person	Area Co	)de & Daytime Telephone Number
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	urtment 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		Amend Divisio	Address ment Section of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

TRU COLORS GROUNDSCARE, INC.

TRU COLORS GROUNDSCARL, INC.	
\ <u></u>	as currently filed with the Florida Dept. of State)
P16000053327	
(Document	t Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Strits Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	pration:
TRU COLORS GROUNDS CARE, INC	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the abb	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P,A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I ar	m familiar with and accept the obligations of the position.
Signatur	re 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	
X Remove	$\underline{V}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

	<mark>ng or adding additional</mark> A litional sheets, if necessary	v). (Be specific)			
<del></del>					
	<del></del>				
		,			
		<del></del>			
······					
	<u>idment provides for an ex</u>	xchange, reclassificati	ion, or cancellation o	fissued shares,	
f an amen	n for turn large and to a 41 a a	menameni ii noi cont	ainea in the amenam	ient itself:	
provisions	s for implementing the ar	1			
provisions	s for implementing the au t applicable, indicate N/A)	)			
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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)	<del></del>
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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 east for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(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 6/30	
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)	~-
(Typed or printed name of person signing)	
(Title of person signing)	