## P16000082648

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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations LAWN SERVICE, INC NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations** Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

to

## **Articles of Incorporation**

	of	r	
1	4	 (EDILICE	_

RAM	1 LAWN	SERVICE, INC
(Name of Corporation	n as currently filed with	the Florida Dept. of State)
P16	00008264	48
(Docume	ent Number of Corporation	n (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this <i>Florida Proj</i>	fit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor		
RAM LAWN	In DRIWA	1// SERVICES, INC.
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.,' word "chartered," "professional association," or the a	"corporation," "compai" "Inc," or "Co". A pro	ny," or "incorporated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
	<del></del>	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	)	
D. If amending the registered agent and/or registere new registered agent and/or the new registered or		da, enter the name of the
Name of New Registered Agent		
	(Florida street address)	-
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis	tered Agent:	CO MANAGE
I hereby accept the appointment as registered agent. I	am familiar with and acce	ept the obligations of the position
		TO THE
-	CM P	N V
Signat	ture of New Registered Ag	ent, if changing o
		TT # 4

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	
Type of Action (Check One)	Title Name	Address
1) Change	See. Ruben Maliguez	4810 Snith Ryals Ra Plant city, Fr 33567
Remove		
2) Change Add	Jaa. Thomas WIERKINS JE.	7227 COUNTY LINE Rd. PLANT CITY, FL 33567
Remove 3) Change Add	UP Mary A. Alvalez	4810 SMITH RYALS RO PLANT CITY, FL 33567
Remove		
4) Change		
Add		
5)Change		
Add		
Remove		· · · · · · · · · · · · · · · · · · ·
6) Change		
Add		
Remove		

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	•
· · · · · · · · · · · · · · · · · · ·	
	<del></del>
	<del></del>
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(y nor apprount, maleure 1111)	

The date of each amendment(s) adoption: 10/19/16, if other than the
date this document was signed.
Effective date if applicable: 10/19/16  (no more than 90 days after amendment file date)
(no more than 90 days after amendment 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 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)
(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 10/19/16
Signature House Klemends
(By a director, president or other officer – if threctors 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)
MARISOL HERNANDEZ
(Typed or printed name of person signing)
PresiDENT.
(Title of person signing)