ote: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000071043 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone

: (305)552-5973

Fax Number

: (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

COR AMND/RESTATE/CORRECT OR O/D RESIGN MONTE LANDSCAPING SERVICES INC

Certificate of Status	0		
Certified Copy	0		
Page Count	05		
Estimated Charge	\$35.00		

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment to

Articles of Inc	orporation
of the state of th	_
Monte Lands ca	ping Sewices Inc
P1700061342	filed with the Florida Dept. of State)
Phonocent Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation;	
- Monte Multi S	eavices Inc. The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	impany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable;	3260 32 NO AVE SE
(Principal office address MUST BE A STREET ADDRESS)	
•	Naples FL 34117
C. Enter new malling address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	3260 32 ND AVE SE
	Naples FL 34117
D 45	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	= 1 1 1 1 4 4 4 1 1 1 Tel
	lontes de OCA
Name of New Registered Agent Alberto 1	
3260 32	
(Florida streat	address)
New Registered Office Address: Naples	, Floride 3 4 11 7
(Ci	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	and accept the abliquious of the state
10 177	tand accept the obligations of the position.
· /////	
/ Signature of New Regi	stered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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: (Altach additional sheets, if necessary)

Please note the officer/director title by the first latter 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:

XChange	<u>74</u>	John Doe		
X Remove	Y	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	Address	2022 I
1) Change				
Add				- Cu
Remove	•			-
2) Change				
Add				
Remove Change				
Add _				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove			 -	
б) Change				
Add				
Remove		,		

[<u>amending or adding additional Articles, enter change(s) here;</u> Attach additional sheets, if necessary). (Be specific)	
	·
•	(1.5)
amendment provides for an exchange, reclassification, or cancellation of issued shares,	
visions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
(4) not applicative, indicate 14/A)	11 N

	· · · · · · · · · · · · · · · · · · ·
	

24/2022	17:43	3052201440	LAZARUS CORPORATE	PAGE	05/05
The da	te of each ar s document v	nendment(s) adopti vas signed.	on:	, if other	than the
Effectiv	e date <u>if ap</u>	plicable:		2) 12 04/0/	Man Ole
			(no more than 90 days after amendment file date)		·
Note: j	f the date in: nt's effective	serted in this block of date on the Departm	does not meet the applicable statutory filing requirements, this date will nent of State's records.	ot be liste	ed as the
	n of Amend		(CHECK ONE)		
The a	mendment(s) was not req) was/were adopted buired.	by the incorporators, or board of directors without shareholder action and sh	areholder	
☐ The a	mendment(s)				
The aumust.	mendment(s) be separately	was/were approved provided for each w	by the shareholders through voting groups. The following statement the oting group entitled to vote separately on the amendment(s):	2022 FES	· -3
•	The number	of votes east for the	amendment(s) was/were sufficient for approval	Ë 23	, [f]
•	·		(voting group)		
	Date	0 2 23	2022	9: T.D.	
	Sign		incorporator – if in the hands of a receiver, trustee, or other court stary by that fiduciary)		
		£	(Typed or printed name of person signing)		
			President (Title of person signing)		

02/24/2022 17:43 3052201440