P70000 22124

	equestor's Name)	
(176	squestors manie)	
(Ac	ddress)	· · · · · · · · · · · · · · · · · · ·
(AC	idress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
_		
(Bu	usiness Entity Name)	
(Dr	ocument Number)	
(50	southern Humbery	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



700299971977

06/16/17--81024--822 ••65.00

PILLED 2 50

JUN 2 2 7017

T. LEMIEUX



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: GET THE GOAT	LAWN SERVICE, INC						
DOCUMENT NUMB	ER: P17000022124							
	f Amendment and fee are su	bmitted for filing.						
Please return all corresp	ondence concerning this ma	tter to the following:						
I	INDA J RIDNER							
~		Name of Contact Person	1					
(GET THE GOAT LAWN SERVICE, INC							
_		Firm/ Company						
2	131 SW 1ST AVE	, .						
_	···	Address						
(CAPE CORAL, FL 33991							
_	·	City/ State and Zip Cod	e					
GetThe	eGoatLawn@gmail.com							
		sed for future annual report	notification)					
		•						
For further information	concerning this matter, pleas	se call:						
Linda J Ridner		239) 770-1946 de & Daytime Telephone Number					
Name of	*Contact Person	Area Co	de & Daytime Telephone Number					
Enclosed is a check for	the following amount made							
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)					
Amer Divis P.O. 1	ng Address diment Section ion of Corporations 30x 6327 nassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301					

Articles of Amendment to Articles of Incorporation of

GET	1.L	117	c:c	ΔΤ	ſ	Λ١	VN	CI	b١	7 L	C.1:	IN	0

OBT THE GOAT LAWN SERVICE, INC	
(Name of Corporation as currently t	iled with the Florida Dept, of State)
P17000022124	
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
(Florida street	address)
New Registered Office Address: (C	, Floridaitys
New Registered Agent's Signature, if changing Registered Agent:	ALLAN
I hereby accept the appointment as registered agent.—I am familiar wit	h and accept the obligations of the distribution
Signature of New Reg	istered 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	$\underline{\mathbf{V}}$	Mike Jones	5	
X Add	<u>sv</u>	Sally Smith	1	
Type of Action (Check One)	<u>Title</u>	<u>N</u>	ame	<u>Addres</u> s
1) Change	p	D	AVID A RIDNER	2131 SW 1ST AVE
X Add				CAPE CORAL, FL 33991
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)
	
· · · · · · · · · · · · · · · · · · ·	
	nange, reclassification, or cancellation of issued shares, industrial industr
	

	JUNE 12, 2017	
The date of each amendment(s) at date this document was signed.	loption:	, if other than the
	E 12, 2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date wipartment of State's records.	Il not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	proved by the shareholders through voting groups. The following statement 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	
bv	(voting group)	
-	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
■ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
06/12/2017		
Dated	2-01 led	
(By a d selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)	_
	LINDA J RIDNER	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	