## P1700031454

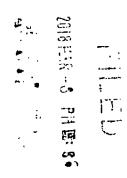
(Re	questor's Name)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Florier ; ust and Ast Management  DOCUMENT NUMBER: 917000031484
DOCUMENT NUMBER: <u>P 17000031484</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CHRISTOPHER AILEN LIBERTO  Name of Contact Person  FLORIDA THAT and PEST Notregement Inc.  Firm/ Company
FLORIDA TURF and PEST Management Inc.
36lb Pelicon Laure Address
Address
Orlands, Fl 32%3  City/ State and Zip Code
City/ State and Zip Code
E-mail addless: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TACION Liberto VP at GOY 874-0753  Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee  \$\B\$43.75 Filing Fee & \$\B\$\$43.75 Filing Fee
Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

**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

is enclosed)

## Articles of Amendment to Articles of Incorporation

FLORIDA TUSE and Per	A Management Inc.
(Name of Corporation as current	tly filed with the Florida Dept. of State)
P17000031484	of Corporation (if known)
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
FLORIDA TURF and Post Service	es Inc. The new
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". 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> )	3616 Pation Love
	Octando FL 32803
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 add new registered agent and/or the new registered office addres	
Name of New Registered Agent	
(Florida st New Registered Office Address:	(City)  , Florida  (Zip Code)
New Neganited Synce Haw ess.	(City) (Zip Codo)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	<u>t:</u>
Signature of New I	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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jos	ncs	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				<del> </del>
2) Change		<u> </u>		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

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ovisions for imple if not applicable		dment if not contain	ied in the amendme	ent itseir:	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 3/5/70/8  (no more than 90 days after amendment file date)	
Effective date if applicable: 3/5/75/8	<del></del>
(no more than 90 days after amenament fite 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
4	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	
/ action was not required.	
Dated $3/5/2018$	
Dated St. St.	
Signature (By a director, president of 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)	
CHRISTONER Alles LIBERTO	
(Typed or printed name of person signing)	
President Dunen (Title of person signing)	<del></del>
Title of person signing)	