

P17000044720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

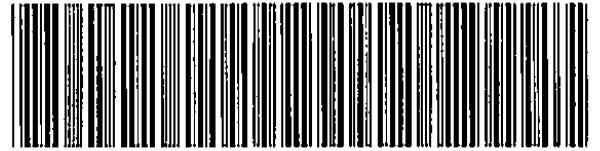
(Document Number)

Certified Copies _____ Certificates of Status ☒

3.24.20

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Amend/Name
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MAY 12 2020
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JOSE NURSERY AND LAWN SERVICES CORPORATION

DOCUMENT NUMBER: P17000044720

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GUILLERMO D CORTES

Name of Contact Person

CORDURAN ACCOUNTING SYSTEMS LLC

Firm/ Company

3004 PORTOFINO ISLE G-3

Address

COCONUT CREEK, FLORIDA 33066

City/ State and Zip Code

corduran1@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GUILLERMO D CORTES

Name of Contact Person

at (954) 849-0079

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



2020-04-27 PM 9:57

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2020

GUILLERMO D. CORTES
3004 PORTOFINO ISLE
STE. G-3
COCONUT CREEK, FL 33066

SUBJECT: JOSE NURSERY AND LAWN SERVICES CORPORATION
Ref. Number: P17000044720

We have received your document for JOSE NURSERY AND LAWN SERVICES CORPORATION and check(s) totaling \$43.75. However, your check(s) and document are being returned for the following:

You failed to make the correction(s) requested in our previous letter.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The form you submitted is for benefit and social purpose.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 620A00008687

*Please see Attached
THE CORRECTED FORM*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2020

GUILLERMO D. CORTES
3004 PORTOFINO ISLE
STE. G-3
COCONUT CREEK, FL 33066

SUBJECT: JOSE NURSERY AND LAWN SERVICES CORPORATION
Ref. Number: P17000044720

We have received your document for JOSE NURSERY AND LAWN SERVICES CORPORATION, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$43.75.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 720A00007483

See ATTACHED

[Signature]

4/20/20

2020 APR 23 AM 7:23

Articles of Amendment
to
Articles of Incorporation
of

JOSE NURSERY AND LAWN SERVICES CORPORATION

(Name of Corporation as currently filed with the Florida Dept. of State)

PI7000044720

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

JOSE GARDEN AND LAWN SERVICES CORPORATION

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

3121 SW 22ND STREET

FORT LAUDERDALE

FLORIDA 33312

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

3121 SW 22ND STREET

FORT LAUDERDALE

FLORIDA 33312

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (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 obligations of the position.

Signature of New Registered 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, 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. Then 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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> <u>Change</u>	N/A	_____	_____
<input type="checkbox"/> <u>Add</u>		_____	_____
<input type="checkbox"/> <u>Remove</u>		_____	_____
2) <input type="checkbox"/> <u>Change</u>	_____	_____	_____
<input type="checkbox"/> <u>Add</u>		_____	_____
<input type="checkbox"/> <u>Remove</u>		_____	_____
3) <input type="checkbox"/> <u>Change</u>	_____	_____	_____
<input type="checkbox"/> <u>Add</u>		_____	_____
<input type="checkbox"/> <u>Remove</u>		_____	_____
4) <input type="checkbox"/> <u>Change</u>	_____	_____	_____
<input type="checkbox"/> <u>Add</u>		_____	_____
<input type="checkbox"/> <u>Remove</u>		_____	_____
5) <input type="checkbox"/> <u>Change</u>	_____	_____	_____
<input type="checkbox"/> <u>Add</u>		_____	_____
<input type="checkbox"/> <u>Remove</u>		_____	_____
6) <input type="checkbox"/> <u>Change</u>	_____	_____	_____
<input type="checkbox"/> <u>Add</u>		_____	_____
<input type="checkbox"/> <u>Remove</u>		_____	_____

E. If amending or adding additional Articles, enter change(s) here:

(Attach *additional sheets, if necessary*). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: 03-22-2020, if other than date this document was signed.

Effective date if applicable: 03-22-2020
(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 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 incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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)

03-22-2020
Dated _____

Signature Leiva Torres-Jose S
(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)

LEIVA TORRES, JOSE S

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)