# PM000081625

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#### **COVER LETTER**

TO:	Amendment Section	
	Division of Corporation	S

NAME OF CORPO	NATION: Florido	Land + G	rading services,	100
DOCUMENT NUMI	BER: P170000	81625		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	mark	Barkett		
		Name of Contact Person	n .	
	Flonda	a Land + G	frading services	, 100
		Firm/ Company	<del></del>	
	820 clark	Rd		
		Address		
	Lakeland,	Flonda, 33 City/ State and Zip Cod	5815	
		City/ State and Zip Cod	e	
		es e gmail		
		sed for future annual report		
	n concerning this matter, pleas	e call:		
mark E	arkett	at (863	256 7707 de & Daytime Telephone Number	
Name (	of Contact Person	Area Co	de & Daytime Telephone Number	<del></del>
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	artment of State;	
S35 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

#### **Articles of Amendment**

## Articles of Incorporation of

## Florida Land + Grading services, inc (Name of Corporation as currently filed with the Florida Dept. of State)

P17000081625	<u> </u>
(Document Na	umber of Corporation (if known)
Pursuant to the provisions of section 607-1006, Florida Statut its Articles of Incorporation	tes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corpora	tion:
	The new
	poration," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the viation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	)
	in the second
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Malling talaress MAT BLATOST OFFICE BOX)	
	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·
(F)	orida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent. I am for	uniliar with and accept the obligations of the position.
Signatura	of Mary Paristanul Agant if changing

Signature of New 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change		Justin D Foley	7022 Davin si
Add			Lakeland, FL
Kemove			33813
2) Change	<del></del>		
Add			
Remove			<del></del>
3) Change	<del></del>		
Add			
Remove			
4) Change			
Add			<del> </del>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	HORER II IO COMMING III VIA MICHOMENI ISCAT
	· · · · · · · · · · · · · · · · · · ·
	<del></del>

The date of each amendment(s) adoption: _date this document was signed.	pecember	2154	2017	if other than the
Effective date if applicable:	(no more than 90 d	avs after ame	endment file date)	
	(*** **** ***** ****		,	
<b>Note:</b> If the date inserted in this block does document's effective date on the Department of		le statutory fi	ling requirements, this	date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)			
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		imber of votes	s cast for the amendme	nt(s)
☐ The amendment(s) was/were approved by t must be separately provided for each voting				ement
"The number of votes east for the ame	endment(s) was/were s	ufficient for a	pproval	
by			.,	
by(re	oting group)			
☐ The amendment(s) was/were adopted by the action was not required.	e board of directors wi	thout shareho	lder action and shareho	older
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators without	t shareholder	action and shareholder	
Dated 12 21 13	7			
Signature(By a director, pro	esident or other officer	- if directors	or officers have not be	en
	corporator – if in the hary by that fiduciary)	ands of a rece	iver, trustee, or other o	ourt
	rark Bar	kett		
	(Typed or printed nan	ne of person s	igning)	
Pr	esident			
<del></del>	(Title of p	erson signing	g)	<del></del>