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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ABRAHAM LAW	N SERVICES INC			
	BER: P17000091458				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	CACERES REYES, JERO	NIMO			
		Name of Contact Person	n		
	ABRAHAM LAWN SERVICES INC				
		Firm/ Company			
	4515 ORCHARD LNB				
		Address			
	NAPLES FL 34112				
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod	e		
CGP	SSERVICES@AOL.COM				
	-	sed for future annual report	notification)		
For further information	n concerning this matter, pleas		234 3721		
		at (239	_) 234-3721		
Name (of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Eassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

ABRAHAM LAWN SERVICES INC

(Name of Corporation as curr	rrently filed with the Florida Dept. of State)
P17000091458	
(Document Numb	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>ın:</u>
name must be distinguishable and contain the word "corpo" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviate	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	<u></u>
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	题·1 三
	N. F. W.
C. Enter new mailing address, if applicable:	
(Muiling address <u>MAY BE A POST OFFICE BOX</u>)	G: 9
	7.
D. If amending the registered agent and/or registered office	
new registered agent and/or the new registered office add	dress:
Name of New Registered Agent	
(Floric	ida street address)
N. B	
New Registered Office Address:	(City) (Zip Code)
	(inp cone)
New Registered Agent's Signature, if changing Registered A	Agent:
I hereby accept the appointment as registered agent. I am fami	iliar with and accept the obligations of the position.
$\widehat{}$	
Jesq):1/1	
Signature of N	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.

Example: XChange	<u> 74</u>	John Doe				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>şv</u>	Sally Smith				
Type of Action (Check One)	Title	<u>Nam</u>	<u>ic</u>	Address		
l) Change	s 	NEL	SON ANTONIO VAZQUEZ	5576 JONQUIL CIR APT 306		
X Add				NAPLES FL 34109		
Remove						
2) Change						
Add						
Remove						
3) Change		- —				
Add						
Remove						
4) Change		-				
Add						
Remove						
5) Change		_ 				
Add						
Remove						
n Change						
Add						
Remove						

E. If amending or adding additional Artic (Attach additional sheets, if necessary). PLEASE ADD (NELSON VAZQUEZ)	cles, enter change(s) here: (Be specific)
THANK YOU	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
7 <del> </del>	<del></del>
	<del></del>
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F. If an amendment provides for an exch, provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, and and the amendment itself:
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment		, if other than the
date this document was signed Effective date if applicable:	0/30/2018	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date he Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we by the shareholders was/was/was/was/was/was/was/was/was/was/	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ONE HUNDRED by	s cast for the amendment(s) was/were sufficient for approval	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
08/30 Dated	0/2018	
(E	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	CACERES REYES YERONIMO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	