## P1700091458

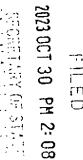
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## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ABRAHAM LA	WN SERVICES INC			
DOCUMENT NUMBER: P17000091458				
The enclosed Articles of Amendment and fee are s	submitted for filing.			
Please return all correspondence concerning this in	natter to the following:			
JERONIMO CACERES RE	EYES			
-	Name of Contact Person	1		
	Firm/ Company			
5701 START GRASS LAN	E #GST			
NAPLES, FL 34116	Address NAPLES, FL 34116			
	City/ State and Zip Code	2		
CGPSSERVICES@AOL.C	ОМ			
E-mail address: (to be t	used for future annual report	notification)		
For further information concerning this matter, plea	ase call:			
JERONIMO CACERES REYES	at (	234-3721		
Name of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ssee, FL 32303		

## Articles of Amendment to Articles of Incorporation of



ABRAHAM LAWN SERVICES INC.

(Name of Corporation as currently	ly filed with the Florida Dept. of State)
P17000091458	,
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	,
A. If amending name, enter the new name of the corporation: ABRAHAM LANDSCAPING INC	
	The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A "chartered," "professional association," or the abbreviation "P.4."	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
Principal office address MUST BE A STREET ADDRESS	
•	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office add	cess in Florida, enter the name of the
new registered agent and/or the new registered office address	- 1 1 10 rda, enter the name of the
Name of New Registered Agent	
Name of New Registered Agent	
(Florida str	ect address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
	100
Naw Registered Agent's Signature 16 share's Burton	
lew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar v	: with and accept the obligations of the position
	was and accept the congulations of the position.
0	
Signature of New Re	egistered Agent, if changing
Signature of New Ro	egistered 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, 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 Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change			
Add			
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove		_	
4) Change		<u> </u>	
Add			
Remove		_	
5) Change		<del>-</del>	
Add			•
Remove		_	
5) Change			
Add			
Remove			

(Attach additional sheets, if necessary). CHANGE COMPANY NAME				
			<del></del>	
	<del></del>		<del>-</del> <u></u>	<u> </u>
	<del> </del>			
•				
	<del></del>			
	<del></del>			
		<del></del>		
F. If an amendment provides for an average	hanna usula udela di			
F. If an amendment provides for an exclusions for implementing the ame	nange, reclassification, or endment if not contained	r cancellation of issue	self:	
(if not applicable, indicate N/A)				
			<del></del>	

. .

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
-		
Effective date if applicable:	<del></del>	
	(no more than 90 day	s after amendment file date)
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board	of directors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The nurr sufficient for approval.	aber of votes cast for the amendment(s)
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through or each voting group entitled to vote:	voting groups. The following statement separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were suf	ficient for approval
by		p
	(voting group)	
10/19/202	23	
Dated		-
Signature 72	-ronival	
(By a select	director, president or other officer – i ed, by an incorporator – if in the hand nted fiduciary by that fiduciary)	f directors or officers have not been ds of a receiver, trustee, or other court
	JERONIMO CACERES REYES	
	(Typed or printed name	of person signing)
	PRESIDENT	
	(Title of person signing)	