P1800000 4862

(Requestor's Name) (Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2000
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000338713690

ũi/08/28--8i001--825 ★★45.75

S TALLENT FEB - 5 2020

120 JAH -8 PH 2: 22

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CARING HANDS	LAWN CARE, INC.		
DOCUMENT NUMI	BER:			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	LAURA ZAMPAIO			
		Name of Contact Persor	1	
	CARING HANDS LAWN CARE, INC.			
	Firm/ Company			
	8920 ORANGE AVENUE			
	Address			
	FORT PIERCE, FL. 34945			
		City/ State and Zip Code		
caring	ghandslawn2018@gmail.com			
	- -	sed for future annual report	notification)	
For further informatio	n concerning this matter, plea	se call:		
Ron Cooper		at (<u>540</u>	376-5719	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 abassee, FL 32314	Amend Divisio The C	Address Iment Section In of Corporations Intro of Tallahassee I. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CARING HANDS LAWN CARE, INC.

(<u>Name</u>	of Corporation as curr	ently filed with the Flor	rida Dept. of State)	
	(Document Numb	er of Corporation (if kno	own)	<u> </u>
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes,	this <i>Florida Profit Corpo</i>	oration adopts the followi	ng amendment(s
A. If amending name, enter the new n	ame of the corporation	<u>u</u>		
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contractered," "professional association,"	Corp, " "Inc," or "Co"	. A professional corpo		
B. Enter new principal office address, (Principal office address MUST BE A S		N/A		
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>		N/A	· ¬ · · · · · · · · · · · · · · · · · ·	2020 JAH -E
D. If amending the registered agent at new registered agent and/or the new			r the name of the	PH 2: 22
Name of New Registered Agent	N/A		· · ·	-
New Registered Office Address:	(Florid	a street address)	. Florida	_
		(City)	(Zip	Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			bligations of the position.	
	Signature of Ne	w Registered Agent, if ch	nanging	

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)

Example:

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	\underline{V}	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	P	Adalberto Zampaio	8920 Orange Avenue
Add			Fort Pierce, FL 34945
Remove			
2) X Change	S/C	Laura Zampaio	890 Orange Avenue
Add			Fort Pierce, FL 34945
Remove 3) Change	D ∀	Hugo Lopez-Huipe	697 New Archer Avenue
Add			Port Saint Lucie, FL 34983
X Remove	DT	Antonia Zarate Herrera	697 New Archer Avenue
4) Change Add		- Anoma garate Herreix	Port Saint Lucie, FL 34983
X Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(.	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)
Am	endment Attached

The date of each amendmen	January 1, 2020	, if other than the
date this document was signed	\-'\ <u></u>	
Effective date <u>if applicable</u> :	January 1, 2020	
reflective date <u>it applicable</u> .	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/weby the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendmeter sufficient for approval.	ent(s)
	re approved by the shareholders through voting groups. The following stated for each voting group entitled to vote separately on the amendment(s):	'ement
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	.,,	
	(voting group)	
☐ The amendment(s) is/are be	eing filed pursuant to s. 607.0120 (11) (e), F.S.	
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareholder	action and shareholder
Janua	ry 6, 2020	
Dated		
a:	In a tempia	
Signature (B	by a director, president or other officer – if directors or officers have not be	
Sc	elected, by an incorporator – if in the hands of a receiver, trustee, or other of	
aj	opointed fiduciary by that fiduciary)	
	Laura Zampaio	
	(Typed or printed name of person signing)	
	Secretary/Treasurer	
	(Title of person signing)	

CARING HANDS LAWN CARE, INC. 8920 ORANGE AVENUE FORT PIERCE, FL 34945

STOCK TRANSFER

The purpose of this statement is to verify and substantiate to the state of Florida the transfer of stocks from Hugo Lopez-Huipe and Antonia Zarate Herrara to Adalberto Zampaio and Laura Zampaio, effective December 31, 2019.

Hugo Lopez-Huipe Date

Antonia Zarate Herrara Date

MM/ TUGO 19.30.19
Adalberto Zampaio Date

Laura Zampaio Date

Caring Hands Lawn Care Inc.

January 06,2020

Return Address: 8920 Orange Ave. Fort Pierce, Florida -34945

Office Phone # -772-807-0026

E-mail address: caringhandslawn2018@gmail.com

Certification requirements.

- 1- Remove Hugo Lopez Huipe and Antonia Herrera from Caring Hands Lawn Care Inc Business.
- 2- Adalberto Zampaio and Laura Zampaio will now share 50% & 50 % off the business each.

Thank You for your cooperation on the changes.

Have a great day.

Sincerely

Laura Zampàio

Date