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SECREDATE SEC

O Kinsey

COVER LETTER

TO: Amendment Section Division of Corpor				
NAME OF CORPORA DOCUMENT NUMBI	ATION: _ The_ ER:	Lawn and 180008	Land clearing	GUS COID
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
_	A.	Name of Contact Person	<u>('e</u> A	
_	/7	Firm/Company 276 83 F	2 N	
_	Loxa	276 83 F hathchee F	C 33470	
	Lawngue E-mail address: (No be us	City/ State and Zip Cod (\$1971 \(\text{9 m} \) red for future annual report		
For further information	concerning this matter, pleas	se call:		
Andrew	OBrien	a. (< 61	, 3178213	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	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)	
Amen	ng Address dment Section on of Corporations	Ameno	Address Iment Section on of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment

to
Articles of Incorporation

—, , , ,	ot j	
	and Land cleaning	.
(Name of Corporat	ion as currently filed with the Florida	
	P/80000 8001	53
(Docu	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Floric its Articles of Incorporation:	la Statutes, this <i>Florida Profit Corporatio</i>	on adopts the following amendment(s) to
A. If amending name, enter the new name of the c	orporation:	
Advance FA	eth works COI	The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co" or the designation "Corpword "chartered," "professional association," or the	rd "corporation," "company," or "inc v." "Inc," or "Co". A professional co	corporated" or the abbreviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>2X</u>)	ZOID HAY 3 I AM IO SECRETANT OF STALLAHAS SEE.
D. If amending the registered agent and/or registered new registered agent and/or the new registered Name of New Registered Agent		name of the
	(Florida street address)	
New Registered Office Address:	(City)	, Florida(Zip Code)
		, .
New Registered Agent's Signature, if changing Re	gistered Agent:	
I hereby accept the appointment as registered agent.		ations of the position.

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.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	les, enter change(s) here: (Be specific)	
		· · · ·
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shi	ares,
(if not applicable, indicate N/A)	dment if not contained in the amendment itself:	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	- <u>-</u>
(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 document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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"	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated June 25 2019	
Signature / The Ellin	
(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)	
Andrew O'Brien	
(Typed or printed name of person signing)	
President_	
(Title of person signing)	

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