P18000082146

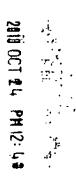
(Re	questor's Name)	
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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TO: Amendment Section Division of Corporation				2110 05 24 24.72 4
NAME OF CORPOR	ATION: BEST OF THE BE	EST LAWN SERVICE INC	:	2
	ER: P18000082146			(A)
	<i>f Amendment</i> and fee are su			
Please return all corresp	oondence concerning this ma	tter to the following:		
		RAMON RIVERA		
-		Name of Contact Persor	1	
	BES	ST OF THE BEST LAWN	SERVICE INC	
_		Firm/ Company	-	
		15365 SAN DIEGO DR		
_		Address		
		LOXAHATCHEE, FL 3.	3470	
_		City/ State and Zip Code	2	
bestoft	hebestlawnservice@outlook	.com		
	É-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
RAMON RIVERA		5615416782 at (2	
Name of	Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	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)	
Amer Divis P.O. 1	ng Address Idment Section Idment Sec	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



BEST OF THE BEST LAWN SERVICE INC

(Name of Corporation as currently filed with the Florida Dept. of State) P18000082146 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 8135 LAKE WORTH RD, UNIT 9418-9419 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) LAKE WORTH, FL 33467 C. Enter new mailing address, if applicable: 15365 SAN DIEGO DR (Mailing address MAY BE A POST OFFICE BOX) LOXAHATCHEE, FL 33470 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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 Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add			
Remove			-
2) Change		_	_
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
S. Charas			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)				
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		- A.S			
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	10/19/2018	
The date of each amendment(s) ad	option:	, if other than the
date this document was signed.	*/2010	
10/2 Effective date <u>if applicable</u> :	5/2018	
Effective date it applicable.	(no more than 90 days after amendment file date)	<u> </u>
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, the partment of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendaticient for approval.	nent(s)
	roved by the shareholders through voting groups. The following standard voting group entitled to vote separately on the amendment(s)	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	oted by the board of directors without shareholder action and share oted by the incorporators without shareholder action and sharehold	
Dated	/19/2018	
Signature Res.	no Ram	
selected	rector, president or other officer – if directors or officers have not by an incorporator – if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary)	
	RAMON RIVERA	
	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	