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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: BEST TOTAL LA	NDSCAPE CARE, CORP	
DOCUMENT NUM	IBER:	0098084	
The enclosed Article	s of Amendment and fee are sul	bmitted for filing.	
Please return all corr	espondence concerning this mat	tter to the following:	
	DENNIS C ANDERSON		
		Name of Contact Persor	1
	BEST TOTAL LANDSCAPE	E CARE, CORP	
		Firm/ Company	
	5200 SW 58 AVE		
		Address	
	DAVIE, FL 33314		
		City/ State and Zip Code	2
DEN	NNISTHEBESTONE@GMAIL	.СОМ	
	E-mail address: (to be us	ed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
ROBERT MATOS		954 at (900-4283
Name	of Contact Person	<u> </u>	de & Daytime Telephone Number
Enclosed is a check f	or 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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 Iahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, F1, 32303

Articles of Amendment to Articles of Incorporation of

BEST TOTAL LANDSCAPE CARE, CORP

(Name of Corneration a	as currently filed with the Florida Dept.	of State)
UNKNOWN P18000098084	as correlate measurements are riorate steps.	or other)
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statists Articles of Incorporation:	atutes, this Florida Profit Corporation add	opts the following amendment(s)
A. If amending name, enter the new name of the corpo	oration:	
		The new
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviat	r "Co". A professional corporation na	or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered new registered agent and/or the new registered office. Name of New Registered Agent		2019 DEC 23 PM 2: 57 SECRETARIA 33 FM 2: 57 INCLUMBA 33 FM 2: 57
	(Florida street address)	<u></u>
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	n familiar with and accept the obligations	of the position.
Signatur	e 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>pr</u>	John Doc		
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	VP	DANIEL J HUSBAND	5200 SW 58 AVE	
Add			DAVIE, FL 33314	
X Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				
		Page 2 of 4		
E. <u>If amending or addir</u> (Attach <i>additional shee</i>	ng additi ets, if nec	onal Articles, enter change(s) here: vessury). (Be specific)		

		
		
F. If an amendment provides for an exchange, reclass provisions for implementing the amendment if no (if not applicable, indicate N/A)	t contained in the amendment itself:	-
	,	-
		
		3
		<u> </u>
	Page 3 of 4	
The date of each amendment(s) adoption:		, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
(no mor	e 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 will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes east	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	ı
Signature &	mus Colorisan
(By a d selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	DENNIS C ANDERSON
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)