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JUN 2 0 2019 C Kinsey

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION:	are Inc.	
DOCUMENT NU	MBER:		
The enclosed Articl	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	Amanda Pacheco		
		Name of Contact Persor	1
	Ormond Lawn Care Inc.		
		Firm/ Company	
	1160 Clifton Road		
		Address	
	Deleon Springs, FL. 32130		
		City/ State and Zip Code	e
rjro	ossitto@aol.com		
-	E-mail address: (to be us	sed for future annual report	notification)
For further informa	tion concerning this matter, please	se call:	
Robert J Rossitto		at (386	295-1016
Nam	ne of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	urtment 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)
A D P	mendment Section vision of Corporations O. Box 6327 allahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corp	poration as currently filed with the Florida Dept. of State)
Ormond Lawn Care Inc.	
(E	Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of	the corporation:
	The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	e word "corporation," "company," or "incorporated" or the abbreviation "Corp," "Inc," or "Co". A professional corporation name must contain the or the abbreviation "P.A."
B. Enter new principal office address, if appli (Principal office address <u>MUST BE A STREET</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>E BOX</u>)
D. If amending the registered agent and/or re new registered agent and/or the new regist	registered office address in Florida, enter the name of the tered office address:
Name of New Registered Agent	AHA S
	(Florida street address)
New Registered Office Address:	, Florida
	(City) rv(Zip Code)
New Registered Agent's Signature, if changing	
nereoy accept the appointment as registered ag	gent. 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	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Amanda Pacheco	1160 Clifton Road
Add			Deleon Springs, FL. 32130
X Remove			
X Change	P	Robert Rossitto	1160 Clifton Road
Add			Deleon Springs, FL. 32130
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	sheets, if necessary).	icles, enter change(s) here: (Be specific)	
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		·	
f an amendment	provides for an exch	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applic	cable, indicate N/A)	nament is not contained in the amenament itself:	
	,		
(5 nor applie	· · · · · · · · · · · · · · · · · · ·		
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у по аррис			
у жи аррис			
у погаррис			
у жа аррис			
у жи аррис			
у лог аррис			
(5.00.4)			

	June 1, 2019	
The date of each amendment(s) adopt	ion:	, if other than the
date this document was signed. June 1,	2019	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departs	does not meet the applicable statutory filing requirements, this ment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders was/were sufficient	i by the shareholders. The number of votes cast for the amendment ent for approval.	nt(s)
	ed by the shareholders through voting groups. The following state. h voting group entitled to vote separately on the amendment(s):	ment
	he amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	by the board of directors without shareholder action and sharehol	lder
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
June 1, 2019 Dated		
Signature	Gat Route	
	or, president or other officer - if directors or officers have not bee	
	an incorporator – if in the hands of a receiver, trustee, or other co	urt
appointed in	iduciary by that fiduciary)	
Rob	pert Rossitto	
	(Typed or printed name of person signing)	
	Parsionti	
	(Title of person signing)	