P19 0000 23913

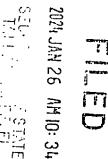
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(5-1), 5-10-10-10, 10-10
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: SWF BEST BET I	.AWN CARE CORP	
DOCUMENT NUMBI	P19000023913		
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:	
,	MARTIN MENDEZ GARCI	IA.	
_		Name of Contact Person	
Ç	SWF BEST BET LAWN CA	RE CORP	
-	 .	Firm/ Company	
3	543 20TH ST SE		
_		Address	
ì	NAPLES FL 34117-9452		
_		City/ State and Zip Cod	e
ì	MENDEZMARTIN517@GN	MAIL.COM	
_	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
MARTIN MENDEZ G	ARCIA	at (de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	irtment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The C	Address ment Section in of Corporations entre of Tallahassee V. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

SWF BEST BET LAWN CARE CORP	· · · · · · · · · · · · · · · · · · ·
(Name of Corporation as curren	tly filed with the Florida Dept28f5tate) 26 AH 10. 25
P19000023913	26 AH 10: 35
(Document Number	of Corporation (if known) This STATE
	With the second
Pursuant to the provisions of section 607.1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s
ts Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation,"	
Inc.," or Co.," or the designation "Corp," "Inc." or "Co", chartered," "professional association," or the abbreviation "P.A.	
3. Enter new principal office address, if applicable:	543 20TH ST SE
Principal office address <u>MUST BE A STREET ADDRESS</u>)	NAPLES FL 34117-9452
	
. Enter new mailing address, if applicable:	642 2070 L CTV (L)
(Mailing address MAY BE A POST OFFICE BOX)	543 20TH ST SE
	NAPLES FL 34117-9452
). If amending the registered agent and/or registered office add	dress in Florida, enter the name of the
new registered agent and/or the new registered office addres	<u>is:</u>
Name of New Registered Agent	
	
(Florida s:	treet address)
New Registered Office Address:	(City) , Florida (Zip Code)
	(in the state)
New Registered Agent's Signature, if changing Registered Agen	ut.
hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Signature of New i	Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc 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>	Name	<u>Addres</u> s
1) Change	VP	YULIAN GONZALEZ	1919 49th Terrace SW
Add			Naples FL 34116
X Remove			
2) Change			
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change	-	_	
Add			
Remove			
6) Change		<u> </u>	
Add			
_ Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
		_
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
<u> </u>		-
		
- · · · · · · · · · · · · · · · · · · ·		
		

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The date of each amendment(s) a date this document was signed.	doption:, if other than the
-	01/2023
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes east 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 cast	for the amendment(s) was/were sufficient for approval
by	<u> </u>
,	(voting group)
11/28/202 Dated	3
Signature	irector, president or other officer – if directors or officers have not been
selecte	d. by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	MARTIN MENDEZ GARCIA
	(Typed or printed name of person signing)
	PRESIDENT

(Title of person signing)

.