## P.19 000 035527

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SECRETARY OF STATE

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MAGNOLIA'S LA	WN SERVICES INC				
DOCUMENT NUMB	P19000035527		<u></u>			
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all corres	pondence concerning this ma	tter to the following:				
	JOE CALDERIN					
	Name of Contact Person					
	Firm/ Company					
	3017 41ST ST SW					
	Address					
	NAPLES, FL 34116					
		City/ State and Zip Code	e			
	CGPSSERVICES@AOL.CO	M				
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	n concerning this matter, pleas	se call:				
JOÉ CALDERIN		at (	216-1998			
		de & Daytime Telephone Number				
Enclosed is a check for	the following amount made	payable to the Florida Depa	ortment of State:			
■ \$35 Filting Fee	S43.75 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)			
Ame Divi P.O.	ling Address indment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303			

## **Articles of Amendment** Articles of Incorporation of

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MAGNOLIA'S LAWN SERVICES INC

(Name of Corporation	n as currently filed with the F	lorida Dept. of State DRETARY or one
P19000035527		torida Dept. of State CRETARY OF STATE TALLAHASSEE, EL
	ent Number of Corporation (if k	
Pursuant to the provisions of section 607.1006. Florida its Articles of Incorporation:	Statutes, this Florida Profit Con	poration adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	rporation:	
name must be distinguishable and contain the word "cor" "Inc" or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A professional co.	The new orporated or the abbreviation "Corp.," rporation name must contain the word
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADD)</u> .	<u>RESS</u> )	
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX	<u></u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		nter the name of the
Name of New Registered Agent	ERIN	
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent. I	stered Agent: am familiar with and accept th	e obligations of the position.
Simo	ture of New Registered Agent. i	Cohanaina
AMMA	inte of iven registeren aveal. I	LIMITEIRE

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)

Example:

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 claimge, 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.

X Change	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s		
1) Change	P	DIANELIS CALDERIN	3017 41ST ST SW		
Add			NAPLES, FL 34116		
X Remove			<del></del>		
2) Change	P	JOE CALDERIN	3017 41ST ST SW		
X Add			NAPLES, FL 34116		
Remove 3 ) Change					
· Add					
Remove					
4) Change					
Add					
Remove					
5) Change			4-		
Add					
Remove					
6) Change					
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
REMOVING PRESIDENT AND ADDING NEW PRESIDENT
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
_ •

	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date	<del>)</del>
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirement of State's records.	its, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac action was not required.	opted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes east for the an ufficient for approval.	nendment(s)
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	ing statement nt(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
08/29/202 Dated		
select	director, president or other officer – if directors or officers have ed, by an incorporator – if in the hands of a receiver, trustee, or ited fiduciary by that fiduciary)	
•	DIANELIS CALDERIN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>