P190000 42120

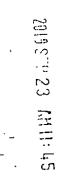
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R. WHITE OCT () CLJ

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION:Tropical Green La	nwn Care #2, Inc.		
DOCUMENT NUMI	BER: P19000042120			
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	Steven H. Walzer			
		Name of Contact Person		
	Walzer & Associates, Inc.			
		Firm/ Company	-	
	8301 Forest City Road			
		Address		
	Orlando, FL 32810			
		City/ State and Zip Cod	C	
orlar	ndotax@cfl.rr.com			
	-	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
Steven H. Walzer		,407	299-0086	
Name of Contact Person		at () Area Code & Daytime Telephone Number		
, tume t	or Commercial Commerci		de ce dayime receptione rumber	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	irtment of State:	
□ \$35 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)	
Mailing Address		· · · · · · · · · · · · · · · · · · ·	Address	
	endment Section sion of Corporations	,	lment Section	
		Division of Corporations Clifton Building		
P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Fropical Green Lawn Care #2, Inc.	2019 2 20
(Name of Corporation	as currently filed with the Florida Dept. of State 7 AF 11: 45
P19000042120	••
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida State Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp	oration:
N/A	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRI	N/A
The tipus office duaress stop i BE A STREET ADDRE	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
 If amending the registered agent and/or registered new registered agent and/or the new registered off 	
Name of New Registered Agent David M. Lac	py .
2155 Fennell	Street
	(Florida street address)
New Registered Office Address:	, Florida 32751
Hew Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Register	ered Agent: um familiar/with and accept the obligations of the position.
They con, accept the appointment as region (ca again. 1 a	
$\underline{\hspace{1cm}}$ \mathcal{W}	UU'
Signatu	ire 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>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Т	Marcie A. Lacy	2155 Fennell Street
Add X Remove			Maitland, FL 32751
2) Change		·	
Add			
Remove			
3) Change Add			-
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			-
Add			*****
Remove			

If amending or adding additional Ar Attach additional sheets, if necessary).	(Be specific)	inge(s) nere:			
N/A					
			-	<u> </u>	-
					<u> </u>
<u> </u>					-
	 _	· <u>-</u> .		<u> </u>	<u> </u>
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	<u> </u>				
		 -	<u></u>		-
					
	. <u>.</u> .				,
If an amendment provides for an ex provisions for implementing the an (if not applicable, indicate N/A)	nendment if not	ification, or car contained in th	ncellation of is he amendment	sued shares, itself:	
¹ /A		<u> </u>			<u> </u>
 					
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		· <u>-</u>			
		·			
		·			

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
08/ Effective date <u>if applicable</u> :	31/2019	
Effective date in applicable.	(no more than 90 days after amendme	nt file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing repartment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast ufficient for approval.	for the amendment(s)
	proved by the shareholders through voting groups. Treach voting group entitled to vote separately on the	
"The number of votes cas	t for the amendment(s) was/were sufficient for approv	al
by		··
,	(voting group)	
☐ The amendment(s) was/were accation was not required.	opted by the board of directors without shareholder a	ction and shareholder
☐ The amendment(s) was/were action was not required.	opted by the incorporators without shareholder action	and shareholder
DatedSignature		
select	director, president or other officer – if directors or off ed, by an incorporator – if in the hands of a receiver, nted fiduciary by that fiduciary)	
	David M. Lacy	
	(Typed or printed name of person signing	g)
	President	
	(Title of person signing)	