P19000067594

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: $\frac{\text{J \& A A}}{\text{A}}$	RTIFICIAL GRASS SERVICE. INC
DOCUMENT NUMBER: P190000675	94
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
	ISMAEL ALVAREZ ACOSTA
	Name of Contact Person
	J & A ARTIFICIAL GRASS SERVICE. INC
	Firm/ Company
	687 W 40TH PL
	Address
	HIALEAH FL 33012
	City/ State and Zip Code
	alvarezismael920@gmail.com
E-mail addres	s: (to be used for future annual report notification)
For further information concerning this m	natter inlease call.
ror further information concerning this in	latter, prease can.
ISMAEL ALVAREZ ACOSTA	at (786 8485072
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	ount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Certificate of	
Mailing Address Amendment Section Division of Corporation P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

Articles of Amendment to Articles of Incorporation of

FILED

J & A ARTIFICIAL GRASS SERVICE. INC (Name of Corporation as currently filed with the Florida Dept. of State SECRETARY OF STATE
TALLAHASSES, FL P19000067594 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp., "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) , Florida New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New 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 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.

X Change	<u>PT</u> <u>Jol</u>	nn Doe		
X Remove	<u>V</u> <u>M</u> i	ke Jones		
_X Add	<u>SV</u> <u>Sa</u>	lly Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	Р	ALEXANDER CEJAS	687 W 40TH PL	
Add			HIALEAH FL 33012	_
X Remove				_
2) Change	V	ALEXANDER CEJAS	687 W 40TH PL	
XXAdd			HIALEAH FL 33012	
Remove 3) Change				
Add				
Remove				_
4) Change				
Add				
Remove				
5) Change				_
Add				_
Remove				
6) Change				
Add				_
Remove				

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If an amendment provide	es for an excha	ange, reclassific	ation, or cancella	tion of issued sha	res,
provisions for implement (if not applicable, ind	<u>iting the amen</u> dicate N/A)	iament if not co	ntained in the an	enament itseit;	
(у жи арушесте, ше					
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•	10/13/2020	
The date of each amendment(s) acd date this document was signed.	option:	, if other than the
08/0 Effective date <u>if applicable</u> :	/2020	
	(no more than 90 days after amendn	nent file date)
Note: If the date inserted in this b document's effective date on the De		requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors w	ithout shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes carriclent for approval.	ist for the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. each voting group entitled to vote separately on t	The following statement he amendment(s):
"The number of votes east	or the amendment(s) was/were sufficient for app	roval
by	(voting group)	"
Dated Signature	20 ·	
(By a di selected	rector, president or other officer – if directors or o , by an incorporator – if in the hands of a receive ed fiduciary by that fiduciary)	
	ISMAEL ALVAREZ ACOSTA	
	(Typed or printed name of person sign	ing)
	Р	
	(Title of person signing)	