

P19000 076 661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

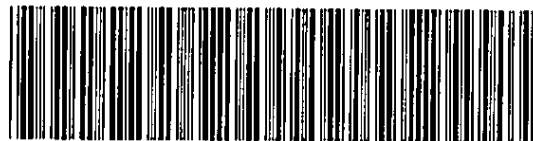
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. TALLENT
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 19, 2019

JESSICA APONTE
ANGELICAL VIEW LAWN CARE INC
4230 POLYNESIA RD
NORTH PORT, FL 34288

SUBJECT: ANGELICAL VIEW LAWN CARE INC
Ref. Number: P19000076661

We have received your document for ANGELICAL VIEW LAWN CARE INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 119A00023709

November 21, 2019

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

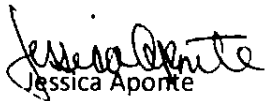
Ref: Document No. P19000076661

Attn: Susan Talent

Hi Susan

I contacted the Division of Corporation, and they told me that I did not enclosed the check. Please use the enclosed check to Amend the Articles for ANGELICAL VIEW LAWN CARE INC., Document Number P19000076661.

Thank you,


Jessica Aporte

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ANGELICAL VIEW LAWN CARE INC.

DOCUMENT NUMBER: P19000076661

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JESSICA APONTE

Name of Contact Person

ANGELICAL VIEW LAWN CARE INC.

Firm/ Company

4230 POLYNESIA RD

Address

NORTH PORT, FL 34288

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESSICA APONTE

at (941) 275-4995

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2000 OCT 28 PM 11:35



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ANGELICAL VIEW LAWN CARE INC.

DOCUMENT NUMBER: P19000076661

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JESSICA APONTE

Name of Contact Person
ANGELICAL VIEW LAWN CARE INC.

Firm/ Company
4230 POLYNESIA RD

Address
NORTH PORT, FL 34288

City/ State and Zip Code

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| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|---|--|---|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327

Street Address
Amendment Section
Division of Corporations
Clifton Building

Articles of Amendment
to
Articles of Incorporation
of

ANGELICAL VIEW LAWN CARE INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P19000076661

(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:

The new 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)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

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

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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>VP</u>	<u>LUS A. ORTIZ VAZQUEZ</u>	<u>4230 Polynesia Rd</u>
<input type="checkbox"/> Add			<u>North Port, FL 34288</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>VP</u>	<u>LUIS A. ORTIZ VAZQUEZ</u>	<u>4230 Polynesia Rd</u>
<input checked="" type="checkbox"/> Add			<u>North Port, FL 34288</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>SECR</u>	<u>LUIS J. ORTIEZ APONTE</u>	<u>4230 Polynesia Rd</u>
<input type="checkbox"/> Add			<u>North Port, FL 34288</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>SECR</u>	<u>LUIS J. ORTIZ APONTE</u>	<u>4230 Polynesia Rd</u>
<input checked="" type="checkbox"/> Add			<u>North Port, FL 34288</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

[illegible]

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)

The date of each amendment(s) adoption: 10/25/19 if other than the date this document was signed.

Effective date if applicable: 10/25/19
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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 _____
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 10/25/2019

Signature Jessica Aponte
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

JESSICA APONTE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)