P19000076988

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COVER LETTER

Division of Corporations .
NAME OF CORPORATION: Al Sprinkler Services & landscape lighting document number: P1000076988
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mame of Contact Person Al sprinkter Services and landscape lighting Firm' Company
Clement Fl 34714 City/ State and Zip Code Al spenklers & Jahon Con E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Hothigan Kongrewski at (352) 108-0464 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:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Service Street Address

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

TO: Amendment Section

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Ft. 32303

Articles of Amendment Articles of Incorporation of

. .	(2	came of Corporation	n as currentl	v filed with the Flor	ida Dept. of State)		
<u> </u>	Sprinkler	Services	and.	landscape	lich king	T	- JC
	,	(Docum	ent Number o	Corporation (if know	WILL SECTION		<u> </u>
Pursuant to its Articles	the provisions of section of Incorporation:				171777	owing an	1 Le
A. If ame	nding name, enter the i	iew name of the co	rporation:				
AL	land scape	Service	· I			****	
,	he distinguishable and c Co.," or the designati ""professional associa	ontain the word "cor on "Corn" "Inc."	poration, ""c	ompany," or "incorp professional corpor	orated" or the abbre ration name must co		e new Torp.,' * word
B. Enter r	new principal office add	ress, if applicable:					
(Principal	office address <u>MUST B</u>	EA STREET ADDI	RESS)		2	207	 -
						<u>- 등</u> 감	
C Enter	new mailing address, if					 ယ	,
(Mailin	g address MAY BE A P	applicable: OST OFFICE BOX)			78.0	Ţ
					•		
						<u></u>	
D. If amen	ding the registered age	nt and/or registers	d u f Gas addu.			<u> </u>	
new reg	istered agent and/or th	e new registered of	ice address:	ss in Fiorida, enter	the name of the		
	me of New Registered A						
		-			· · · · · · · · · · · · · · · · · · ·	- 	
			(Florida stree	t address)			
<u>Ne</u>	<u> « Registered Office Addr</u>	(egg)	-		Florida		
			/('inv	T.	Zip Code)	
New Regist I hereby acc	ered Agent's Signature ept the appointment as r	if changing Regist egistered agent. Ta	<mark>ered Ag</mark> ent: m familiar wi	h and accept the obli	igations of the position	on.	
					, , , , , , , , , , , , , , , , , , ,	, .	
		Signatu	re of New Reg	istered Agent, if chan	nging		
Check if an	nlicabla						

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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, an 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 = Chi-Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office helpersident, 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change	,	_	
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change		_	
Add			
Remove			•
5/ Change			
Add			
Remove			******
6) Change			
Add			
Remove			

Attach additional shee	ets, if necessary).	(Be specific)				
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f an amendment pro-	vides for an exch	iange, reclassific	ation, or cance	llation of issue	d shares,	
provisions for implei	menting the ame:	ndment if not ce	ntained in the	amendment it	self:	
(if not applicable,	indicate N/A)					
V V V V V V V V V V V V V V V V V V V	,					
						
						
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The date of each amendment(s) adoption: $\frac{1}{27}$ $\frac{1}{2020}$. if other to date this document was signed.
Effective date if applicable: 4/27/2020 (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 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 incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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)
Dated 4/27/2020 Signature Dathleen Honarewskie
(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)
(Typed or printed name of person signing)
President. (Title of person signing)