P190000 92971

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Stars & Stripes Lar	ndscape Services Inc.						
DOCUMENT NUMI								
The enclosed Articles	of Amendment and fee are su	bmitted for filing.						
Please return all corre	spondence concerning this ma	itter to the following:						
	Amber Suillas							
		Name of Contact Person	n					
	Stars & Stripes Landscape Services Inc.							
	Firm/ Company							
	1301 SW 5 PL	,,,						
		Address	**************************************					
	Cape Coral, FL 33991							
		City/ State and Zip Code	2					
	starsandstripesLS19@gmail.c	com						
		sed for future annual report	notification)					
		•						
For further informatio	n concerning this matter, pleas	se call:						
Amber Sillas		239 at (265-4056					
Name e	of Contact Person	at (Area Co) de & Daytime Telephone Number					
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:					
☐ \$35 Filing Fee	■\$43.75 Filing Fcc & 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)					
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 phassee, FL 32314	Amend Divisio The Co 2415 Y	Address ment Section of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303					

Articles of Amendment to Articles of Incorporation of

Stars & Stripes Landscape Services Inc

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P19000092971	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.,4.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	20
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	20/0 Juli 2
	. 2
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	呈 : "
(Mutating dualess MAT BE A FOST OFFICE BOX)	<u> </u>
	_
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	t:
i nereny accept the appointment as registered agent. I am jamutar	with and accept the obligations of the position.
Signature of New 1	Registered Agent, if changing
Chack if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607,0120 (11) (c), 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.

Example:

X Change	<u>PT</u>	John Doc			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Sr	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name	Address	
1) Change	VP	_	Patterson, Nathan A	4009 SE 2nd AVE	
Add				Cape Coral, FL 33904	
X Remove					
2) Change		- -			
Add				_	
Remove 3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		_			
Add					
Remove					

•	ticles, enter change(s) here: (Be specific)
	· · · · · · · · · · · · · · · · · · ·
·	
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
orovisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

The date of each amendment() date this document was signed.	s) adoption:	, if other than
Effective date <u>if applicable:</u>		
	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	ite will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder acti-	on and shareholder
■ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(re sufficient for approval.	s)
	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	e nt
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
July 14. Dated Signature	Inlu Siller	
sele	a director, president or other officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other cour ointed fiduciary by that fiduciary)	1
	Amber Sillas	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	".

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