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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: ECCENTRIC LAV	VN CARE, CORP.		
DOCUMENT NUM	BER: P20000038792		-,	
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	BRANDON K. LOPEZ			
		Name of Contact Person		
		Firm/ Company		
	1501 PINEY BRANCH CIR		-1-2	
		Address		
	VALRICO, FL 33594			
		City/ State and Zip Code		
	APEXLTC@YAHOO.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
BRANDON K. LOF	PEZ	at (403-7392	
Name	of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check (for the following amount made	payable to the Florida Depa	rtment of State:	
S35 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

ECCENTRIC LAWN CARE, CORP.		173: 11
(Name of C	Corporation as currently	filed with the Florida Dept. of State) . 9: 12
P20000038792		
	(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this FI	Iorida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new nam	e of the corporation:	
APEX LAWN & TREE CARE, INC.		The new
name must be distinguishable and contain th "Inc.," or Co.," or the designation "Cor "chartered," "professional association," or	p_i " "Inc," or "Co". A_{\odot}	mpany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if:		N/A
(Principal office address MUST BE A STR	REET ADDRESS)	
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		N/A
D. If amending the registered agent and/ new registered agent and/or the new t	or registered office addre registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	N/A	
		
_	ıFlorida stree	4 address)
	√A	Winds.
New Registered Office Address:		City) Coder
<u>New Registered Office Address:</u> N		. Florida City)
New Registered Agent's Signature, if cha Thereby accept the appointment as register	i <mark>nging Registered Agent:</mark> ved agent. I am familiar w	ith and accept the obligations of the position.
	Signature of New Reg	gistered Agent, if changing

Check 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.

X Change	PT	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
() Change		N/A	N/A
Add			
Remove 2) Change		N/A	
Add			
Remove 3) Change		N/A	
Add			
Remove		N/A	
4) Change Add			
Remove		N/A	
5) Change Add			
Remove		N/A	
6) Change Add		10//	
Remove			

(Attach addition	r adding additional Ar nal sheets, if necessary)	(Be specific)	<u></u>				
N/A							
							
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F. If an amendm	nent provides for an ex	change, reclassific	ation, or cancell	ation of issued :	har <u>es,</u>		
provisions fo	or implementing the an opticable, indicate N/A)	endment if not ea	ontained in the a	mendment itsel	<u>f:</u>		
N/A	ункате, такае хүн						
		<u>.</u> .					
							
			·····				
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00/05/2020	, if other than the
The date of each amendment(s) adoption:	. If Other than the
06/05/2020	
Effective date if applicable: (no more than 90 days after amendment file date)	
ino minternant volume, after the control of the con	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	ion and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(2)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ient
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
06/05/2020 Dated	
Signature (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 con appointed fiduciary by that fiduciary)	
BRANDON K. LOPEZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	