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## COVER LETTER .

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: SPENCE LAWN	CARE INC	
DOCUMENT NUM	D30000033304		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	DEBRA KLINE		
	<del></del>	Name of Contact Person	n
	SPENCE LAWN CARE INC	•	
		Firm/ Company	
	4815 KEY MADEIRA DRIV	/E	
		Address	
	TITUSVILLE, FL 32780		
		City/ State and Zip Code	e
	spencembl@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	on concerning this matter, pleas	se call:	312-4882
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made		•
\$35 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)
Am Div P.O	endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

## Articles of Amendment to Articles of Incorporation of

SPENCE LAWN CARE INC

(Name of Corneration as aureau	de Claderick de Fil 11 B	
P2000077794	tly filed with the Florida Dept. of State)	
(Document Number	of Corporation (if known)	<u>-</u>
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts the following	ng amendment(s
A. If amending name, enter the new name of the corporation:		
ame 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.A.	A professional corporation name must conta	_The new ion "Corp.," in the word
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )	NA	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	
. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address  Name of New Registered Agent	<u>:</u>	
Hume of New Registered Agent /V/FV		=
(Florida str	eet address)	_
New Registered Office Address:	, Florida	
	(City) (Zip (	Code)
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar v	with and accept the obligations of the position.	2021 JUN 10
	egistered Agent, if changing	PH .
heck if applicable  The amendment(s) is/are being filed pursuant to s, 607,0120 (11) (	) F.O.	رد بن

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 Joh	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>ŞV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP,T	BRIAN SPENCE	4815 KEY MADEIRA DRIVE
Add			TITUSVILLE, FL 32780
X Remove			
2) Change			
Add			
Remove 3) Change	~		
Add			
Remove			
4) Change			
Add			
Remove			_
5) Change			
Add			
Remove			
б) Change			
Add			
Remove			

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f an amendment provides for an exchaprovisions for implementing the amen	ange, reclassifica	tion, or cancellation	mont itself	
<u>provisions for implementing the amen</u>	ange, reclassificand ment if not con	tion, or cancellation tained in the amend	ment itself:	
(if not applicable, indicate N/A)	ange, reclassifica adment if not con	tion, or cancellation	ment itself:	
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f an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A) TTHEW SPENCE - 100% SHARES	ange, reclassifica	tion, or cancellation tained in the amend	ment itself:	
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(if not applicable, indicate N/A)	ange, reclassifica	tained in the amend	ment itself:	

The date of each amendment(s) adoption date this document was signed.	n:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	······
Note: If the date inserted in this block d document's effective date on the Department	oes not meet the applicable statutory filing requirements, this date will ent of State's records.	l not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted b action was not required.	y the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficien	y the shareholders. The number of votes cast for the amendment(s) t for approval.	
☐ The amendment(s) was/were approved must be separately provided for each v	by the shareholders through voting groups. The following statement ofting group entitled to vote separately on the amendment(s):	
"The number of votes east for the	amendment(s) was/were sufficient for approval	
	(voting group)	
Dated June Signature Matthu	17,2021 1 Sance	2021 JUH 1 O
(By a director, selected, by an	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court ciary by that fiduciary)	
	(Typed or printed name of person signing)	5: 03
	President	
	(Title of person signing)	<del></del>

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