P21000016295

(Requestor's Name)	_
(Address)	_
(Address)	_
	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
	_
Special Instructions to Filing Officer:	L
Mrs. Richardson gave me permiss to include the thet suffix at and	"
herentity Robertos Lawn Care,	1
Inc. Anissa Butter 6/15/24	
THIS COURT FIELD	
	- 1

Office Use Only



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2021 APR 19 PH 3: 53
SECRETARY OF STATE

A Butter

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	Robertos Lawn Ca	ire	
DOCUMENT NUMB	P21000016295 ER:	·	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	itter to the following:	
	Cristy Richardson		
-	Robertos Lawn Care	Name of Contact Pers	on
-	5716 Kestrel Circle	Firm/ Company	
- !	ft Myers, Fl 33966	Address	
-		City/ State and Zip Co	de
1	cristy0628@comeast.net		
-	E-mail address: (to be us	sed for future annual repo	rt notification)
or further information	concerning this matter, pleas	se call;	
Kristy Richardson		239 at (410-5660
Name of	Contact Person	Area C	ode & Daytime Telephone Number
inclosed is a check for	the following amount made	payable to the Florida De	partment of State:
□ \$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)
Amer Divis P.O. 1	ng Address Idment Section Ion of Corporations Box 6327 hassee, FL 32314	Amer Divis The G	t Address Indment Section Identify the Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

(Name of C	Corporation as currently filed with the Floring bar Roil State 1 3: 54
P21000016295	
	SECRETARY OF STATE (Document Number of Corporation (if known)TALLAHASSEE, FL
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s)
A. If amending name, enter the new name Robertos Lawn Care Two.	
	The new word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "p," "Inc," or "Co". A professional corporation name must contain the word or the abbreviation "P.A."
	6716 Kestrel Circle
B. Enter new principal office address, if a (Principal office address MUST BE A STR	
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF	
	or registered office address in Florida, enter the name of the
new registered agent and/or the new re	registered office address:
Name of New Registered Agent	M/A
N.	(Florida street address)
New Registered Office Address:	//A , Florida
	(City) (Zip Code)
New Registered Agent's Signature, if char	
I hereby accept the appointment as registere	ed agent. I am familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing
	inginative of their negistered agent, if entiriging
Check if applicable	

 \Box 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, 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
	D	Kristy Richardson	6716 Kestrel Circle
1) Change X Add			Ft Myers, FL 33966
Remove			
2) Change		<u> </u>	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Artic	(D) (C)
(Attach additional sheets, if necessary). N/A	(Be specific)
	
	
	
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	

.

N/A

late this document was signed. N/A	adoption:, if other than the state of
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this locument's effective date on the E	block does not meet the applicable statutory filing requirements, this date will not be listed as to Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were act by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
	it for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voiing group)
April 16.1	2021
Dated	/
1	an stolation of
Signature U	director, president or other officer – indirectors or officers have not been
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court
арроів	nted fiduciary by that fiduciary)
	Roberto Rodriguez
	(Typed or printed name of person signing)
	Registered Agent