

P21 0000 19966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

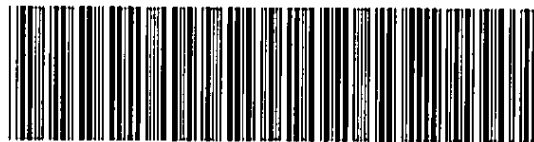
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/14/21--01019--008 **35.01

2021 JUN 14 PM 3:33

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ITS YOUR CHOICE LAWN SERVICE INC

DOCUMENT NUMBER: P21000019966

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAFAEL LOPEZ RAMOS

Name of Contact Person

MASTER OFFICE SERVICES

Firm/ Company

200 N DENNING DR SUITE 5

Address

WINTER PARK, FL 32789

City/ State and Zip Code

LOPEZRR221@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEJANDRO GALVEZ

Name of Contact Person

at (407)

331-0005

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

ITS YOUR CHOICE LAWN SERVICE INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P21000019966

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

114 COUNTRY CLUB DR

SANFORD, FL 32771

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

114 COUNTRY CLUB DR

SANFORD, FL 32771

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent RAFAEL LOPEZ RAMOS

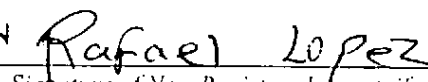
114 COUNTRY CLUB DR

(Florida street address)

New Registered Office Address: SANFORD, Florida 32771
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is are being filed pursuant to s. 607.0120 (11) (c), F.S.

2021 JUN 14 PM 3:33

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	P	RAHEL LOPEZ RAMOS	114 COUNTRY CLUB DR SANFORD, FL 32771
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

IN THIS AMENDMENT, I AM CORRECTING ADDRESS AND NAME ERRONEOUSLY ENTERED.

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

06/05/2021

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

06/05/2021

Effective date if applicable: _____
(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 as the 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 JUNE 05, 2021 _____

Signature

Rafael Lopez

(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)

RAFAEL LOPEZ RAMOS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

2021 JUN 14 PM 3:33

Florida

TEMPORARY

DRIVER LICENSE

L126-720-86-142-0



LOPEZ RAMOS
RAFAEL

114 COUNTRY CLUB DR
SANFORD, FL 32771-4144

DOB: 04/22/1986 SEX: M

EXP: 09/08/2021 HGT: 5'-03"

REST: NONE END: NONE

SAFE DRIVER

ISS: 03/07/2020

SSN: H842003670004



Operation of a motor vehicle constitutes
consent to any sobriety test required by law.