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S. ROTERTS
AUG 0 9 2023

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORAT	nos Plus L	AWN CARE SERVECED INC
DOCUMENT NUMBER	$\mathcal{D}_{\mathcal{L}}(\mathcal{N})$	7656
The enclosed Articles of A	Imendment and fee are sub	omitted for filing.
Please return all correspor	ndence concerning this mat	ter to the following:
	Pro Cau 1810 Pom Pano	Name of Contact Person Name o
For further information of	E-mail address: (to be us	City/ State and Zip Code AUTO MATICEDS, Com sed for future annual report notification)
To the state of	2 11 1	
Name of C	P VVI 1 11 17 Contact Person	at (OSY) 4798808 Area Code & Daytime Telephone Number
		payable to the Florida Department of State:
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amend Divisio P.O. B	g Address iment Section on of Corporations ox 6327 assee, 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

Articles of Incorporation
Plus (Awn CARE SERVICED FAC
(Name of Corporation as currently filed with the Florida Dept, of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
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) Don pho beach Elold G. G. 33004
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 1840 NW 2nd 57 DMPAND Beach Plotton 330004
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 New Registered Office Address: New Registered Office Address: New Registered Office Address: Om PAN Death Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby 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) (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	PT John D	<u>oe</u>	
X Remove	<u>V</u> <u>Mike Jo</u>	<u>ones</u>	
X Add	<u>SV</u> <u>Sally S</u>	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u> </u>	Willie Brock	- 1220SWOTEN DEER BEDBU
Add Remove 2) Change	<u>P</u>	Phillip William	1840 NW ZM
Add Remove Change Add			Domfand Begu M 330ldy
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
Remove			

ach <i>additional sheets</i>	additional Artic , if necessary).	(Be specific)			
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<u> </u>					
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an amendment prov	idae for an aveb	ange reclassifies	tion or cancella	tion of issued sh	ares.
rovisions for impler	nenting the ame	ndment if not co	ntained in the am	endment itself:	
(if not applicable,	indicate N/A)				
		\sim /	4		
			<u>/}</u>	-	
		•			
					<u> </u>

The date of each amendment(s) adoption:	if other than
date this document was signed.	
Effective date if applicable: Une 12 2023	
(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 document's effective date on the Department of State's records.	will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	and shareholder
☐ 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 east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated (e/12/2023	
Signature & Philley's 40 Williams	
(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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Ynes idens	
(Title of person signing)	

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