## P23000013282

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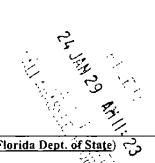
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: CESAR'S LAWN	MANTINANCE INC			
	BER: P23000013282				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	HELEN RODRIGUEZ				
		Name of Contact Persor	n		
	TAXSMART ACCOUNTING SERVICES LLC				
		Firm/ Company			
	9957 MOORINGS DR STE 502				
	Address				
	JACKSONVILLE, FL 32257				
		City/ State and Zip Code			
	INFO@TAXSMARTCORP.	NET			
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call:			
HELEN RODRIGU	EZ	904 at (	733-0027 de & Daytime Telephone Number		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check	or the following amount made	payable to the Florida Depa	artment of State:		
☐ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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		Amend Divisio The Co	Address ment Section in of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



CESAR'S LAWN MANTINANCE INC

(Name	of Corporation as currently filed v	with the Florida Dept. of State	رب وي ري
P23000013282			
	(Document Number of Corpor	ration (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida</i>	Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
CESAR'S LAWN MANTENANCE INC			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cornartered," "professional association,"	Corp," "Inc," or "Co". A profes		
B. Enter new principal office address,			<del></del>
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS )		
	-		<del></del>
C. Enter new mailing address, if appl			
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)		<del></del>
D. If amending the registered agent ar		Florida, enter the name of the	
new registered agent and/or the ne-		DIMOEC LLO	
Name of New Registered Agent	TAXSMART ACCOUNTING SE	RVICES LLC	
	9957 MOORINGS DR STE 502		
	(Florida street addre	255)	<del></del>
New Registered Office Address:	JACKSONVILLE	. Florida	32257
	(City)	, · ·	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent:	1 1 2 2 2 2 2 2 2	*, *
I hereby accept the appointment as regis	tered agent. I am Jamiliar with and	gegent the onligations of the p	ostiton.
		T	
<del></del>	Signature of New Registere	d Agent, if changing	
	218 2 27 1.2.2 2148.000.00		
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)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Setretary; 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	<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
1) X Change	P	JULIO C GONZALES MEJIA	815 FIR STREET DWN
Add			FERNANDINA BEACH, FL 3203
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
<del></del>	
	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

•

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	/01/2024	
Effective date <u>if applicable</u> :	(no more than 90 days after	r amendment file date)
Note: If the date inserted in this document's effective date on the		tory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of dia	rectors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number o sufficient for approval.	of votes cast for the amendment(s)
	pproved by the shareholders through voting or each voting group entitled to vote separa	
"The number of votes ca	st for the amendment(s) was/were sufficien	nt for approval
by		."
-,	(voting group)	<del></del>
01/22/20: Dated Signature	PAN ()	
selec	director, president or other officer – if directed, by an incorporator – if in the hands of a inted fiduciary by that fiduciary)	
	JULIO C GONZALES MEJIA	
	(Typed or printed name of pe	erson signing)
	PRESIDENT	
	(Title of person signing)	