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COVER LETTER

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TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations .
NAME OF CORPORATION: LAWN SPYINHLEY WIZONCH INC. DOCUMENT NUMBER: P9200009610
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Suzanne Noel Name of Contact Person Lawn Sprinthler Wizard Inc. Firm/Company 15414 NE 2nd Avenue Address Miami, FL 33162 City/State and Zip Code Lawnsprinthlerwizard@amail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Suzanne Noel at (305) 333-3238 Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment

Articles of Incorporation of

	Articles of Incorporation	
,	of	
Lawn S	prinkler Wizard Inc.	
(Name of	Corporation as currently filed with the Florida Dept. of Sta	<u>te</u>)
	P9200009610	in the second se
	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the	e following amendmen
A. If amending name, enter the new nan	ne of the corporation:	
		The new
	he word "corporation," "company," or "incorporated" or the a rp," "Inc," or "Co". A professional corporation name mu or the abbreviation "P.A."	
B. Enter new principal office address, if (Principal office address MUST BE A STI		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST Of D. If amending the registered agent and, new registered agent and/or the new)	/or registered office address in Florida, enter the name of th	<u>c</u>
Name of New Registered Agent	Suzanne Noel	
	15414 NE 2nd Avenue (Florida street address)	
New Registered Office Address;	Miami	33162
The Magnite Control of the Control o	(City)	(Zip Code)
New Registered Agent's Signature, if chall hereby accept the appointment as register	Inging Registered Agent: The dagent. I am familiar with and accept the obligations of the particular with an accept the obligation with a constant with a particular with a constant with	position.
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: \underline{X} Change	<u>PT</u> John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>P</u>	Renel Noel	15414 NE 2nd Ave
Add			MIam, FL 33162
🙏 Remove			
2) X Change	PTR	Jean N Noel	15414 NE 2nd Ale
Add			Miami, FL 33162
Remove 3) X Change	VTS	Suzanne Noel	15414 NE 2 nd Ave
Add			Miomi, FL 33162
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

raca <i>aaamon</i>	ial sheets, if necessary).	ticles, enter change(s) . (Be specific)			
			 		
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If an amendmo	ent provides for an exc	hange, reclassification	n, or cancellation of iss	ned shares	
provisions for	implementing the am	endment if not contai	ned in the amendment	itself:	
(if not app	licable, indicate N/A)				
			·		
		·			
					
					
					<u> </u>
					·

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The date of each amendment(s) adoption: July 27, 2022, if other	er than the
late this document was signed.	
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 lidocument's effective date on the Department of State's records.	isted as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and sharehold action was not required.	der
☐ 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):	2022 S
"The number of votes cast for the amendment(s) was/were sufficient for approval	SEP -1 AM 9:
by	
(voting group)	豆
Dated August 16, 2022	9: 39
Signature (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)	_
Vice President Treasurer Secretary (Title of person signing)	