

P95000 022 200

(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:

Office Use Only



200333519152

09/09/19--01029--004 \*\*35.00

SECRETARY OF STATE  
FALLS CHURCH, VA 22040

19 SEP -9 AM 7:43

FILED

SEP 21 2019

T SCHROEDER

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: The Yard Master's Inc.  
DOCUMENT NUMBER: P95000022200

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

Please return all correspondence concerning this matter to the following:

Albert Maness  
Name of Contact Person  
The Yard Master's Inc.  
Firm/ Company  
10471 S.W. 201 TER.  
Address  
Cutler Bay, FL 33189  
City/ State and Zip Code  
Lawn Genetics @ Gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Albert Maness at ( 305 ) 484-8660  
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  
☐ \$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)

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

The Yard Masters Inc.

P 95000022200

N/A

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, 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 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. The 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 Cha. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change                      PT      John Doe  
  
X Remove                      V      Mike Jones  
  
X Add                          SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>Change</u> <u>Remove</u>	<u>P.</u>	<u>Matthew Lewis</u>	<u>14364 S.W 113ter</u> <u>miami, FL 33186</u>
2) <u>Change</u> <u>X Add</u> <u>Remove</u>	<u>P.</u>	<u>Albert Maness</u>	<u>10471 S.W 201 T</u> <u>Cutler Bay, FL 331</u>
3) <u>Change</u> <u>Add</u> <u>Remove</u>			
4) <u>Change</u> <u>Add</u> <u>Remove</u>			
5) <u>Change</u> <u>Add</u> <u>Remove</u>			
6) <u>Change</u> <u>Add</u> <u>Remove</u>			

FILED  
19 SEP -9 AM 7:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

(if not applicable, indicate N/A)

FILED  
19 SEP -9 AM 7:43  
ST. LOUIS, MO  
U.S. DEPT. OF JUSTICE

The date of each amendment(s) adoption: 09-05-2019, if other than date 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 listed as 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 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)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 09-05-2019

Signature

Matthew Lewis (President)  
(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)

Matthew Lewis  
(Typed or printed name of person signing)

President

(Title of person signing)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19 SEP -9 AM 7:48

FILED