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#### **COVER LETTER**

Division of Corporations					
NAME OF CORPORATION: FAMILY LAWN (GIL OF SAIGSOFA INC- DOCUMENT NUMBER: P\$ 5000070389					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Michael V ORUMG 00  Name of Contact Person  Contact Person					
Firm/ Company					
2224 Cork Onk St W					
Sarasotra FL. 34232					
Michael 2 In hiseyes, net					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Michael Drumsod at 91, 360.3276					
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  \$43.75 Filing Fee & Certificate of Status  \$43.75 Filing Fee & Certificate of Status					
(Additional copy is enclosed)  (Additional Copy is enclosed)  (Additional Copy is enclosed)					

#### **Mailing Address**

TO: Amendment Section

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

# Articles of Amendment to

Articles of inco	orporation
FAMILY Lawn Care of Saraso	fra Inc.
Name of Corporation as currently filed with the Fl	orida Dept. of State)
P95000070389	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:  I.H.E. NC.	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3230 Landrum Mill Rd CAMPOBILLO, SC. 29322
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3230 Landrum Mill Rd Campobello, SC. 29322
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address: (City)	Florida (Zip Code)
	-6 -
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.

Signature of New Registered Agent, if changing

	or adding additional Arional sheets, if necessary).	(Be specific)	<del></del>	
··· <del>···</del> ···				_
		<del></del>		
If an amend	ment provides for an exc for implementing the amount applicable, indicate N/A)	hange, reclassification, or endment if not contained	or cancellation of issued shares, I in the amendment itself:	
provisions i				
provisions i				
provisions i				<del></del>
provisions i				
provisions i				
provisions i				

## 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 Doe	
X Remove	¥	Mike Jones	
X Add	<u>\$Y</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1)Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	*******		
Add			
Remove			

The date of each amendment(s) adoption: 11 4 2013 date this document was signed.	, if other than the
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date)	_
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 Michael + Velle OR UM SO()  (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.	
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)  Michael Daymont	
(Typed or printed name of person signing)	<del></del>

(Title of person signing)