P99000002152

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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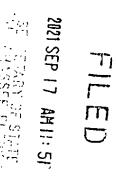
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amend

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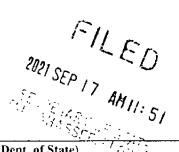
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: NEWMAN'S GRO	DUND CARE, INC.	
DOCUMENT NU	MBER: P99000002152		
The enclosed Articl	es of Amendment and fee are su	abmitted for filing.	
Please return all cor	respondence concerning this ma	uter to the following:	
	PATRICK NEWMAN		
		Name of Contact Perso	n
	NEWMAN'S GROUND CA	RE, INC.	
		Firm/ Company	
	1827 SWISS OAKS STREE		
		Address	
	ST JOHNS, FL 32259		
		City/ State and Zip Cod	e
	phnewman65@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, plea	se call:	
PATRICK NEWM.	AN	904 at (545-2014
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
A D P.	mendment Section ivision of Corporations O. Box 6327 illahassee, FL 32314	Amenc Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



NEWMAN'S GROUND CARE, INC.

(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P99000002152		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) t	
A. If amending name, enter the new name of the corporation:		
Newmans Outdoors, Inc.	The new	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word	
B. Enter new principal office address, if applicable:	1827 SWISS OAKS STREET	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	ST JOHNS, FL 32259	
C. Enter new mailing address, if applicable:	1827 SWISS OAKS STREET	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	ST JOHNS, FL 32259	
	01,000,000	
D. If amending the registered agent and/or registered office ad		
new registered agent and/or the new registered office addre	SSE NIA	
Name of New Registered Agent		
	······	
(Florida s	trect address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Ager	nt:	
hereby accept the appointment as registered agent. I am familian		
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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	John P. Newman	1309 Fruit Cove Dr. N.
X Add	-		St. Johns, FL 32259
Remove			
2) Change	TR	Chad D. Newman	1827 Swiss Oaks Dr.
X Add			St. Johns, FL 32259
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)	
NA	
	_
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
NA	

The data of each amount	September 8, 2021 t(s) adoption:, if other than th
t ne date of each amenumen date this document was signed	
_	September 8, 2021
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareholder action and shareholder
	re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):
	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
DatedSignature	mber 8, 2021 A director, president or other officer = if directors or officers have not been
St	elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)
	PATRICK NEWMAN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)