129043

(Red	questor's Name)	,
(Add	dress)	<u> </u>
———(Add	dress)	
(Cit	y/State/Zip/Phono	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<u>. </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





300272754833

05/18/15--01016--022 **35.00



Anund 10 5/21/15

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: A PERSONAL TO	DUCH LAWN SERVICE,	INC	
DOCUMENT NUMI	V20043			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	LUANN THOMAS			
		Name of Contact Person	1	
	STAMPFLI & THOMAS PA			
		Firm/ Company		
	5450 SHIRLEY STREET SU	ЛТЕ В		
		Address		
	NAPLES, FL 34109			
		City/ State and Zip Cod	e	
LUA	NN@STAMPFLIANDTHON	1AS.COM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call: at (239	631-2157	
Name (of Contact Person) de & Daytime Telephone Number	
rame (or Contact I cracm	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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)	
Ame Divi P.O.	endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of



A PERSONAL TOUCH LAWN SERVICE, INC

(Name of Corporate	tion as currently filed with the Florida Dept. of State)
V29043	
· (Docu	ment Number of Corporation (if known) .
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the c	corporation:
name must be distinguishable and contain the wo	The new ord "corporation," "company," or "incorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	p," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	0 X)
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter the name of the doffice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Re	gistered Agent.
hereby accept the appointment as registered agent.	l am familiar with and accept the obligations of the position.
<u> </u>	
C:-	muture of Man Danistanud America If almostica

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	<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) X Change	P	VEDI OSORIO	210 31ST STREET SW
Add			NAPLES, FL 34117
Remove			
2) X Change	VP	NICK PEZAN	210 31ST STREET SW
Add			NAPLES, FL 34117
Remove			
3) Change			
Add			,
Remove			
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

	eets, if necessary).	(Be specific)				
		· · · · · ·				
				···-		
						
						•
						
					_	•
				·		 -
					_,	
an amendment p	rovides for an exc	change, reclassifi	ication, or cancella	tion of issued sha	ares,	
próvisions for imp	lementing the am	change, reclassifi tendment if not c	ication, or cancellar contained in the am	tion of issued sha endment itself:	ares,	•
próvisions for imp	rovides for an exo plementing the am ble, indicate N/A)	change, reclassifi iendment if not c	ication, or cancella contained in the am	tion of issued sha endment itself:	ares,	
próvisions for imp	lementing the am	change, reclassifi iendment if not c	ication, or cancella contained in the am	tion of issued sha endment itself:	ares,	-
próvisions for imp	lementing the am	change, reclassifi tendment if not c	ication, or cancella contained in the am	tion of issued she endment itself:	ares,	
próvisions for imp	lementing the am	change, reclassifi lendment if not c	ication, or cancella contained in the am	tion o <u>f</u> issued sh endment itself:	ares,	
próvisions for imp	lementing the am	change, reclassifi tendment if not c	ication, or cancella contained in the am	tion of issued she endment itself:	ares,	
próvisions for imp	lementing the am	change, reclassifi lendment if not c	ication, or cancella contained in the am	tion of issued she endment itself:	ares,	
próvisions for imp	lementing the am	change, reclassifi nendment if not c	ication, or cancella contained in the am	tion of issued she endment itself:	ares,	
próvisions for imp	lementing the am	change, reclassifi tendment if not c	ication, or cancellar contained in the am	tion of issued she endment itself:	ares,	
próvisions for imp	lementing the am	change, reclassifi nendment if not c	ication, or cancella contained in the am	tion of issued sha endment itself:	ares,	
próvisions for imp	lementing the am	change, reclassifi	ication, or cancella contained in the am	tion of issued shi endment itself:	ares,	

	05/05/2015	
The date of each amendment date this document was signed.	(s) adoption:	if other than th
duce this document was signed.	05/05/2015	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes east for the amendment(s) are sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):	
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
05/05/ Dated	2015	
Signature	The Frid	
	y a director, president or other officer – if directors or officers have not been	_
	lected, by an incorporator – if in the hands of a receiver, trustee, or other court	
ар	pointed fiduciary by that fiduciary)	
	VEDI OSORIO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	 _