## F83254

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, ,
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PICK-UP WAIT MAIL
(Business Entity Name)
(business entity Name)
(Document Number)
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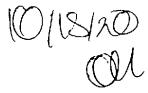
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2020 AUG 31 AM II: 18
SECRETARY OF STATE



## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Independent Tree	e Service Inc	
DOCUMENT NUM	BER: F83254		
	s of Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	Anna Upcavage		
		Name of Contact Persor	1
	Independent Tre Service II	nc	
		Firm/ Company	
	19710 Amazon Basin Ben	d	
		Address	
	Lutz, FI 33549		
		City/ State and Zip Code	e
	Nick@NickPullaroCPA.cor	m	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	<sup>949-8181</sup>
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	illing Address tendment Section rision of Corporations D. Box 6327 Iahassee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

## Articles of Amendment to Articles of Incorporation of

## FILED

2020 AUG 31 AM 11: 18

Independent Tree Service, Inc.

(Name of Co	orporation as currently	filed with the Florid	isecretary of	STATE
F83254			IALLAHASSE	E, FL
	(Document Number of C	Corporation (if know	n)	
Pursuant to the provisions of section 607,1006 its Articles of Incorporation:	5. Florida Statutes, this <i>FI</i>	orida Profit Corporc	ation adopts the follow	ring amendment(s) to
A. If amending name, enter the new name	of the corporation:			The new
name must be distinguishable and contain the "Inc" or Co." or the designation "Corp. "chartered." "professional association." or t	" "Inc," or "Co". A	mpany," or "incorpo professional corpore	rated" or the abbrevia ition name must con	ttion "Corp.,"
B. Enter new principal office address, if ap	oplicable:	NA		
(Principal office address MUST BE A STRE				<u> </u>
				<del>-</del>
C. Enter new mailing address, if applicable		~ <i>(</i>		
(Mailing address MAY BE A POST OFF	TCE BOX)	NIA		
D. If amending the registered agent and/or new registered agent and/or the new reg	<u>registered office addres</u> gistered office address:	s in Florida, enter i	the name of the	
Name of New Registered Agent	NA			•
<u> </u>			-	<del></del>
	(Florida stree	t address)		<del></del>
New Registered Office Address:			. Florida	
Sew negatived Office Address.	((	Ίįγ)		p Codes
New Registered Agent's Signature, if change I hereby accept the appointment as registered	ging Registered Agent:   agent.     am familiar wit	h and accept the obl	ivations of the position	1.
		•	,	
Nha				
	Signature of New Reg	istered Agent, if chai	nging	<del></del>

Check if applicable

 $\Box$  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)

Example:

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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	S	Anna Ficarra Upcavage	19710 Amazon Basin Bend
Add X Remove			Lutz FI 33549
2) Change	s	Christi Upcavage	19710 Amazon Basin Bends
X Add			Lutz, FI 33549
Remove 3.) Change	D	Anna Ficarra Upcavage	19710 Amazon Basin Bend
X Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ach additional sheets, if necessary). (Be specific)	
1).	
NA	
	<del></del>
	-
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<del></del>	<del> </del>
	<u> </u>
n amendment provides for an exchange, reclassification, or cancellation of issued shares,	
ovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	•
(y not egypticuse, marcine sort)	
,	
NA	
	<del>.</del>

•

	August 23,2020	
I'he date of each amendment(s) a	loption:	if other than the
date this document was signed.		
Sep	t 1 2020	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder a	action and shareholder
The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendme flicient for approval.	ent(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
August.28	,2020	
Dated(		
<u> </u>		
Signature	nd Drank	
(By a d	rector, president or other officer - if directors or officers have not be	en en
	3, by an incorporator – if in the hands of a receiver, trustee, or other c	
	ed fiduciary by that fiduciary)	
,,	Gerald Upcavage	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	