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COR AMND/RESTATE/CORRECT OR O/D RESIGN COLECTIVO ARBOL INC

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: COLECTIVO ARE	OL INC			
DOCUMENT NUME	BER:		,, w.		
The enclosed Articles	of Amendment and fee are sul	omitted for filing.			
Please return all corre	spondence concerning this mat	tter to the following:			
	ISARET CHAVEZ				
		Name of Contact Person	1		
	COLECTIVO ARBOL INC			~	
	Firm/ Company				
	2705 NARCISSUS DR				
		Address	· ·	Úv	
	HOLLIDAY, FL 34691			i '	
		City/ State and Zip Cod	e		
	JEFFERS.KENT2@GMAIL.	COM			
	E-mail address: (to be us	sed for future annual report	notification)	-	
	n concerning this matter, pleas		2076700		
ISARET CHAVEZ		at (3076090		
Name	of Contact Person	Area Co	de & Daytime Telephone Nu	mber	
Enclosed is a check for	or 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)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Ameno Divisio The C 2415 1	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 81 assee, FL 32303	0	

2022 OCT 26 AM 8:37

Articles of Amendment Articles of Incorporation of:

COLECTIVO ARBOL INC				
(Name	of Corporation as corrently	filed with the Florida Dept. of State	<u>.</u>	•
	(Document Number of	Corporation (if known)	<u> </u>	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this I	Florida Profit Corporation adopts the	following amer	ndment(s
A. If amending name, enter the new n	nine of the corporation:			
	T. 10		The	new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C				
"chartered," "professional association,"		, ,	, , , , , , , , , , , , , , , , , , , ,	20
B. Enter new principal office uddress,	if annileable:			22 (
(Principal office address MUST BE A.S				~.C
				- ∼
			منار در را در ده را	
C. Entre - un sullive - dilunci il multi	Saabila.			P
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		·		φ
				ည်ယ
			 -	
D. If amending the registered agent at	nd/or registered office addre	ess in Flurida, enter the name of the	- ,	
new registered agent and/or the ne				
Name of New Registered Agent	ISARET CHAVĘZ			
	2705 NARCISSUS DR			
	(Florida stre	et address)		
New Registered Office Address:	HOLLIDAY	. Florida	34691	
New Register of White Mach Err.	1	City)	(Zip Code)	
			•	
			•	
New Registered Agent's Signature, If c I hereby accept the appointment as regist	WILLIAM TOP STORY	lah Janarit - Allinsian - Cal a .	1.,	
r nacedy accept the appointment as regist	erea agen. Tan Januar u	nn and accept the obligations of the p	osition.	
	Signature of New Re	gistered Agen, il changing	 ,	
	SIGNATURE OF THE ME	Professor Alcumania		
Check if applicable		<i>J.</i>		
☐ The amendment(s) is/are being filed p	ursuant to s. OV/.U12U (111) (a	8 I. 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 PID.

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>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	<u>.P</u>	ISARET CHAVEZ	2705 NARCISSUS DR
Add			HOLLIDAY, FL 34691 22
Remove			- C
2) X Change	VP	Santos Cointa Rivera Chavez	2705 NARCISSUS DR
Add		_	HOLLIDAY, FL 34691725 🚘 🕽
Remove 3) Change			
Add			<u> </u>
Remove			
4) Change			·
Add			<u> </u>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damous			

The date of each amendment(s) adoption:	, if other than the
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 document's effective date on the Department of State's records.	l not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	l shareholder
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):	1022 OCT 26
"The number of votes cast for the amendment(s) was/were sufficient for approval	OCT OCT
by"	. 20 -
(voting group)	₹ :0
10/- 1/-	
Dated 10 25 7027	8: 37
(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)	
(Typed or printed name of person signing)	<u> </u>
President.	
(Title of person signing)	•

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