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MALLANASSES FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: All Florida Tree &	Landscape, Inc.	
DOCUMENT NUMI			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Patrick DiSalvo		
		Name of Contact Person	1
	DiSalvo & Associates, PLLC		
		Firm/ Company	
	1760 N Jog Road, Suite 150		
		Address	
	West Palm Beach, FL 33411		
		City/ State and Zip Code	e
pdisa	lvo@d-acpa.com		
·		sed for future annual report	notification)
	(**************************************		
For further informatio	n concerning this matter, pleas	se call:	
Patrick DiSalvo		at (561 Area Co	659-1177
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made [payable to the Florida Depa	rtment of State:
S35 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)
	ling Address		Address
	endment Section ision of Corporations		ment Section on of Corporations
	. Box 6327		n of Corporations Building
-	ahassee, FL 32314		xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current)	ly filed with the Florida Dept. of State))	
P03000049068			
(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the fo	ollowing amend	ment(s) to
A. If amending name, enter the new name of the corporation:			
N/A		27	
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ' word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name	the abbreviat	ion the
B. Enter new principal office address, if applicable:	1760 N Jog Road, Suite 150		
(Principal office address MUST BE A STREET ADDRESS)	West Palm Beach, FL 33411	<u> </u>	_
			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1760 N Jog Road, Suite 150		_
	West Palm Beach, FL 33411		_
		至 电	_
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address N/A Name of New Registered Agent		NOV 20	可可
	, <u> </u>	ELON #	13
(Florida su	reet address)	- 25	
(Florida su	reet address) , Florida	22 (II)A	

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: \(\sum_C \) Change	<u>T9</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes_	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change			N/A	
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				- ··
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change		-		
Add				
Remove				

E. If amending or adding additional Ar (Attach additional sheets, if necessary).	ticles, enter change(s) h (Be specific)	<u>ere</u> :		
N/A	, , , , ,			
				
				
	<u> </u>	<u>. </u>	-	
			 	
			 -	
				•
				
F. If an amendment provides for an exc	change reclassification	or cancellation of iccu	ad charac	
provisions for implementing the am	endment if not containe	ed in the amendment it	<u>self:</u>	
(if not applicable, indicate N/A)				
N/A				
	-			
				-,
	-		-	
			_	<u>.</u>

date this document was signed.	
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this be document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as to partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were ado action was not required.	oted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	oted by the incorporators without shareholder action and shareholder
11/16/2017	
Dated	Ma Chara
Signature	rector, president or other officer – if directors or officers have not been
	, by an incorporator – if in the hands of a receiver, trustee, or other court
appoint	ed fiduciary by that fiduciary)
	Alan McPherson
	(Typed or printed name of person signing)
	President
	(Title of person signing)