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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: AAA BEST TREE	SERVICE, INC.	····
DOCUMENT NUM	IBER:		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	STEPHANIE SLACK		
		Name of Contact Persor	1
	AAA BEST TREE SERVICE	E INC	
		Firm/ Company	
	3641 FAWNWOOD PLACE		
		Address	
	PACE, FL 32571		
	-	City/ State and Zip Code	
	A A A DESTTREES (A) A (A) L (A)	OM	
	AAABESTTREES@AOL.C	sed for future annual report	nutification)
For further informati	on concerning this matter, plea	se call: at (⁸⁵⁰	291-6826
Namo	e of Contact Person		de & Daytime Telephone Number
Enclosed is a check t	for the following amount made	payable to the Florida Depa	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)
Ar	nendment Section	Amend	Address ment Section
	vision of Corporations D. Box 6327		n of Corporations entre of Tallahassee
	llahassee, FL 32314		N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

AAA	BEST	TREE	SERVICE	INC

(Name of Corpora	ation as currently filed with	the Florida Dept. of State)
(Doc	ument Number of Corporation	n (if known)
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	ida Statutes, this Florida Prof	fit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the word ' "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the abb	c," or "Co". A professione	
B. Enter new principal office address, if applicat	<u></u>	
(Principal office address <u>MUST BE A STREET Al</u>		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE E	<u></u>	
D. If amending the registered agent and/or regis new registered agent and/or the new registered		da, enter the name of the
new registered agent and/or the new registere	ed office address:	\$ 100
Name of New Registered Agent		सुर्वेत १ - १७
		<u> </u>
	(Florida street address)	\$ W 4
New Registered Office Address:		Florida = = =
	(City)	(Zip Code)
		į. v
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		ept the obligations of the position.
7		, , , ,
Sig	gnature of New Registered Ag	ent, if changing
Check if annlicable		

[☐] 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> <u>Joh</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	SAM CARLISLE W II	8076 HICKORY HAMMOCK RO
Add			MILTON, FL 32583
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		-	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			

	necessary). (Be s	specific)			
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			-		
ı amendment provide	s for an exchange.	reclassification.	or cancellation	of issued shares,	
	ting the amendme	nt if not contain	ed in the amendr	nent itself:	
visions for implemen	lianta 31/4)				
visions for implemen	icaie iva)				
visions for implement (if not applicable, ind	icaie iva)				
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	11/01/2020	
The date of each amendment(s) add	ption:	, if other than the
date this document was signed.	2020	
Effective date if applicable:	2020	
<u></u>	(no more than 90 days afte	r amendment file date)
Note: If the date inserted in this blo document's effective date on the Dep		cory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopted action was not required.	ted by the incorporators, or board of di	rectors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of icient for approval.	f votes cast for the amendment(s)
	oved by the shareholders through voting ach voting group entitled to vote separate	
"The number of votes cast fo	or the amendment(s) was/were sufficier	nt for approval
by		."
	(voting group)	
11/02/2020 Dated		
Signature	/) Ole CAC	
selected.	ector, president or other officer – if dire by an incorporator – if in the hands of d fiduciary by that fiduciary)	
S	TEPHANIE SLACK	
-	(Typed or printed name of pe	rson signing)
V	ICE PRESIDENT	

(Title of person signing)