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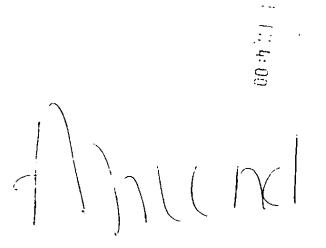
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	andous Tree-Servior_Ine
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
Please return all correspondence concerning this matte	er to the following:
Troc- Wand	Name of Contact Person Pous Tree Servies Ine: Firm/ Company
17863 Corpus	S. CHristi Dr Address
	City/ State and Zip Code
E-mail address: (to be used	d for future annual report notification)
For further information concerning this matter, please	e call:
Joel Martinez Name of Contact Person	at (<u>\$73</u>) <u>756 - 0073</u> Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \text{\$\subseteq}	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following Articles of Incorporation:	ing amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevial "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the contained association," or the abbreviation "P.A."	tion "Corp.," ain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	~
C. Fator new mailing address if applicable:	6
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	<u>=</u> ===================================
	*.
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	00
Name of New Registered Agent Jonathan Hartines	
17863 Coepus CHn's Ti Dr (Florida spreet address)	
New Registered Office Address: Spins Hill	4610 (Cale)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position	
Lonathan Martinez	_
Signature of New Registered Agent, if changing	

Check if applicable
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>	John Do	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	oncs .	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name //	<u>Addres</u> s
1) Change	V. Pre	sidat	Jonathan Maretires	17863 compres Official
Add				Sping H1/F/ 346/8
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)			
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<u>ii an amenument provides iof an exem</u>		tained in the amer	<u>idment itself:</u>	
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If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	endment if not con		_	
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The date of each amendment(s) adop	otion: 9-16-2020 if or	ther 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 bloc document's effective date on the Depart	k does not meet the applicable statutory filing requirements, this date will not be rtment of State's records.	listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted action was not required.	ed by the incorporators, or board of directors without shareholder action and shareholder	older
☐ The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
☐ The amendment(s) was/were appromust be separately provided for ea	ved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	1-16-2020 Julie	
Signature	ector, president or other of icer – if directors or officers have not been	
(By a dire	by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed	d fiduciary by that fiduciary)	
	Joel Wastinez	
_	(Typed or printed name of person signing)	
	President	
_	(Title of person signing)	