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. TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: Lee's	Tree of Lawn Service Inc
DOCUMENT NUMBER: Po 5	000 115343
The enclosed Articles of Amendment and fee are s	ubmitted for filing.
Please return all correspondence concerning this m	atter to the following:
Julie Van 1	Vallendael:
	of Contact Person
- <u>Al Dependable</u>	, bookkeeping
221 Pauls Driv	Company
	Address
Brandon, PL	33511-3897
City/	State and Zip Code
FlaTax Lady@	QOL COM refuture annual report notification)
For further information concerning this matter, ple Julie Van Wallendael	ase call: -at (-81-31-) - 681-1099
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Lee's Traeand Lawn Service, Inc.

	awit och vicej.		
(Name of Corporation as curre	ntly filed with the Florida	Dept. of State)	•
P050	00115343	1	
. (Document Num	ber of Corporation (if know	vn)	• •
ursuant to the provisions of section 607.1006 mendment(s) to its Articles of Incorporation:	6, Florida Statutes, this Fl	orida Profit Corporati	on adopts the following
. If amending name, enter the new name of	the corporation:		
A-1 Stump	Removal, Ir	nc.	The new
ame must be distinguishable and contain to bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered,." "proj	he word "corporation," designation "Corp," "Inc	"company," or "inco " or "Co". A profess the abbreviation "P.A."	rporated" or the ional corporation
3. Enter new principal office address, if appl	licable:		<u> </u>
Principal office address <u>MUST BE A STREE</u>	TADDRESS)	,	
			TALLA LA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			FILE W 25 /
		,	
D. If amending the registered agent and/or rew registered agent and/or the new regis		Florida, enter the na	me of the
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:	(Florida street a	ddudou) = ==	
wew Registered Office Address.	(Fioriaa sireel a	auress)	
		, Florida	
	(City)	(Zip Code)	
lew Registered Agent's Signature, if changin	a Registered Agent	- 1	
hereby accept the appointment as registered a		1	C.1

Signature of New Registered Agent, if changing

removed an	d title, name, ar	d address of each	Officer 1	nd/or Dire	ctor being	added:	Teetor Benig
(Attach addi	itional sheets, if n	ecessary)	4^				
Title	<u>Name</u>		•	Address	,		Type of Action
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The date of each amendment(s) ac	doption:	6	-10		1		
Effective date if applicable:	(date o	of adoption	is require 🔘	(d)	1.		
	more than 90 days at	fter amendn	ent file d	ate)	1 -		
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Adoption of Amendment(s)	(CHECK O	<u>NE</u>)	•	٠			
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The amendment(s) was/were ad action was not required.	opted by the incorpor	rators witho	ut shareh	older a	ction and	sharehold	ler
Dated	6/23/10	· .	:	•			-•.
Signature	' M W:	\$		v.	!		
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