P05000118081

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Sta	tus
Special Instructions to Filing Officer:	





800396919128



THE PARK STATE

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Taliahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: TVELIS TVACTOR WORKS INC
DOCUMENT NUMBER: POS 000 1 208
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Frank J. Fazio, TT. Name of Contact Person Treys Tractor Works Inc Firm/ Company 1109 Fazio Rd Address St. Augustin, FL 32084 City/ State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Frank J. Fazzo III. at (904) 814. 167162 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to
Articles of Incorporation

TILED

	of	france times
Trey's Tractor Wor	rks 由 lr	C 20221 1 - 7 PM 12: 52
(Name of Corporation as curren	ntly filed with the Flo	rida Dept, of State)
POSOCOU &	791	SECRETARY OF STATE
	r of Corporation (if kno	
, and the second se		•
ursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	is Florida Profit Corpo	pration adopts the following amendment(
·		
If amending name, enter the new name of the corporation:		
NA		The new
ame must be distinguishable and contain the word "corporation," lnc.," or Co.," or the designation "Corp," "lnc," or "Co", chartered," "professional association," or the abbreviation "P.A	A professional corpo	porated" or the abbreviation "Corp" oration name must contain the word
Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRESS</u>)	N	A
Pater and mailing address if annionals.	(
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11.7	A
 If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre 		er the name of the
new registered agent under the new registered writer addre		
Name of New Registered Agent	NIT	
(Florida :	street address)	
		Florida (Zip Code)
New Registered Office Address:		

☐ 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)

Remove

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	5	Landon Stevens	Faziord
Add			St. augustine FL 3208
Remove			
2) Change			
Add			
Remove Change		.	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

E. If amending or adding add (Attach additional sheets, if	litional Articles, en necessary). (Be s _i	nter change(s) her	<u>:e</u> :		
N	<u> </u>	<u> </u>			
					·
					
.		 			
					
					
If an amendment provides provisions for implementi (if not applicable, indicate)	ng the amendment	eclassification, or t if not contained	cancellation of iss in the amendment	sued shares, itself:	
N	\A				
	<u>-</u> .				<u> </u>

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 document's effective date on the Department of State's records.	will 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 action was not required.	and 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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	t
"The number of votes cast for the amendment(s) was/were sufficient for approval	7072
by""	
Dated 11 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	PHIZ: 52 RY OF STATE
(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)	
Trank J. Fazio TH (Typed or printed name of person signing)	
President (Title of person signing)	