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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	RPORA	TION: Ken's Trim Service	e, Inc.	
		R:		
		Amendment and fee are su	bmitted for filing.	
Please return all	согтеѕро	ondence concerning this ma	tter to the following:	
	Lı	icinda Ammerman		
			Name of Contact Persor)
	Ke	en;s Trim Service, Inc.		
	_		Firm/ Company	
	14	3 S.W. Fordham Glen	, ,	
			Address	
	Ft	. White, FL 32038		
			City/ State and Zip Code	2
		o "		
-	cındyam	merman@gmail.com		
		E-mail address: (to be us	sed for future annual report	notification)
r c t t. c	4			
ror iunner intor	mation c	oncerning this matter, pleas	se call:	
Lucinda Ammer	man		at (984-0967
N	lame of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a che	eck for th	ne following amount made	payable to the Florida Depa	artment of State:
S35 Filing F	ce	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Amend Division P.O. B	g Address Iment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio The Co	Address Iment Section In of Corporations Entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Ken;s Trrim Service, Inc.

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit 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 "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co".	
"chartered," "professional association," or the abbreviation "P.A.	
	720
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	therefore
	The Promoting
C. Enter new mailing address, if applicable:	i i i i i i i i i i i i i i i i i i i
(Mailing address MAY BE A POST OFFICE BOX)	
	. н 9
	
	
D. If amending the registered agent and/or registered office ad-	dress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	
I hereby accept the appointment as registered agent. I am familiar	
The second of th	and adopt in wingsmixin of the position.
	<u> </u>
Signature of New .	Registered Agent, if changing

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: X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Allen E. Knox	2670 NW CR 340
Add			Bell, FL 32619
Remove			2020 SECI TA
2) Change			CREAT AND THE
Add			
Remove Change			
Add			5: 28 FL 28
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	-		
Add			
Remove			

ticles, enter change(s) here: (Be specific)	
	
	2020 SEC:
	20 J.k.
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	5. 5. \$
	7E 9
hange, reclassification, or cancellation of issued sh	ares,
endment if not contained in the amendment itself:	
· · · · · · · · · · · · · · · · · · ·	

1/8/2020 The date of each amendment(s) adoption:		
date this document was signed.	, if other	than the
1/8/2020 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 will document's effective date on the Department of State's records.	not be liste	nd as the
Adoption of Amendment(s) (CHECK ONE)		
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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):		
"The number of votes cast for the amendment(s) was/were sufficient for approval		
by		
(voting group)		
The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.		
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and slaction was not required.	hareholder	
1/8/2020	SE 20	
Dated	ੂੰ ਨ	
Signature Lyunda Ou	JAN I	STANDARD TO
Rud distant	<u>(</u> 5	
" I III Inc nature of a receiver terretor and an includior in the including and all the including and an including and all the including and an including an incl	5 PM	Π_i^*
appointed fiduciary by that fiduciary)	. i	
Lucinda Ammerman); 29	
(Typed or printed name of person signing)		
VP/Secretary		
(Title of person signing)		