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SEURETARY OF STATE

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: KEN'S TRIM  DOCUMENT NUMBER: PO6 000006	Service, Inc
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Contact Person  Ken's Thim  Firm/ Company  143 S.W. Ferch M  Address  Ft. White, Fl  City/ State and Zip Cod  Cindyammerum @ 3m  E-mail address: (to be used for future annual report	m Gn, _ 32088
For further information concerning this matter, please call:	
Lucinda Amnekmm at 380 Name of Contact Person Area Co	ode & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Dep	partment of State:
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendment Section Amend Division of Corporations Division	Address dment Section on of Corporations Centre of Tallahassee

Tallahassee, FL 32314

7

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

of

KEN'S TRII	M SERUICE, INC. currently filed with the Florida Dept. of State)
(Name of Corporation as of	ANA 21.62
(Document No	umber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statut its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ution:
	The new
	tion," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word n "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered off	fice address in Florida, enter the name of the
new registered agent and/or the new registered office	address:
Name of New Registered Agent	
	lorida street address)
·	toriau street auaress)
New Registered Office Address:	, Florida, (City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	
Signature o	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)

Example:

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	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	SV Sally	· Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	$_{\mathcal{D}}$	TRACE HOLDY	8610 NW CR340 Bell, FL 32619
Add Remove			Bell, FL 30617.
2) Change			
Add			
Remove Change	D	MAHLEW F. Margan	
Add			5521 SE 301 AVE
Remove			5521 SE 301 AVE OCA14, PL 34480
4) Change		allowania and the second of th	
Add			
Remove			
5) Change			, participant of the state of t
Add			<del> </del>
Remove			
6) Change			
Add			
Remove			

(Attach additional:	ding additional Ar	(Be specific)	The state of the s		
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If an amendment	provides for an exc	hange, reclassific	ation, or cancella	ttion of issued sha	res,
Cifnot applied	plementing the amable, indicate N/A)	endment if not co	ntained in the an	nendment itself:	
(y nor uppne	ine, marcule 1071;				
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			<u>_</u>		

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	ach amendment(s) adoption: 85000000000000000000000000000000000000
Effective dat	e if applicable:  (no more than 90 days after amendment file date)
	date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the flective date on the Department of State's records.
Adoption of .	Amendment(s) (CHECK ONE)
The amend action was	Iment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder not required.
	Iment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) reholders was/were sufficient for approval.
must be se	Iment(s) was/were approved by the shareholders through voting groups. The following statement eparately provided for each voting group entitled to vote separately on the amendment(s):
must be se	
must be se	eparately provided for each voting group entitled to vote separately on the amendment(s):
must be se	enumber of votes cast for the amendment(s) was/were sufficient for approval
must be se	enumber of votes cast for the amendment(s) was/were sufficient for approval  (voting group)
must be se	Enumber of votes cast for the amendment(s) was/were sufficient for approval  (voting group)  Dated