## 908000098530

(Re	questor's Name)	
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(Ad	dress)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
	_	
Special Instructions to	Filing Officer:	
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Office Use Only



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February 14, 2018

JOSE LEMUS JOSE LEMUS FULL LAND SERVICE INC. 8432 NW 189 STREET MIAMI, FL 33015

SUBJECT: JOSE LEMUS FULL LAND SERVICE, INC.

Ref. Number: P08000098530

We have received your document for JOSE LEMUS FULL LAND SERVICE, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The current name of the entity is as referenced above. Please correct your document accordingly.

THE DATE OF THE AMENDMENTS ADOPTION CAN NOT BE AFTER THE DATE THE DOCUMENT WAS SIGNED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 918A00003130

18 APR -9 PM 2: 27
SECRETARY OF STATE

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www.sunbiz.org

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

ATION: JOSE LEMUS FU	I.I. LAND SERVICE INC		
		<del>,_</del>	
	bmitted for filing.		
ondence concerning this ma	tter to the following:		
OSE LEMUS			
·	Name of Contact Person	1	
OSE LEMUS FULL LAND	SERVICEINC		
	Firm/ Company		_ 3
432 NW 189 STREET			* - *
	Address	<del></del>	— { ( <sub>1</sub> )
инамі FL 33015			راد. آخات
	City/ State and Zip Cod	<u> </u>	— 353; 55;
DICACCONINTA VON AL	WY COM		77
<del>-</del>			
rman address: (to be u	sed for future annual report	nottrication)	
concerning this matter, pleas	se call:		
DEZ	at ( <sup>305</sup>	851-6977	
Contact Person			nber
the following amount made	payable to the Florida Depa	artment of State:	
□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) .	
Mailing Address			
Amendment Section			
Tallahassee, FL 32314 Cinton Building  2661 Executive Center Circle			
	ER: P08000098530  f Amendment and fee are subondence concerning this matter.  OSE LEMUS  OSE LEMUS FULL LAND  432 NW 189 STREET  MAMI FL 33015  RISACCOUNTAX@YAH  E-mail address: (to be used to be us	Amendment and fee are submitted for filing.  Some of Contact Person  OSE LEMUS  Name of Contact Person  OSE LEMUS FULL LAND SERVICE INC  Finn/ Company  432 NW 189 STREET  Address  ALAMI FL 33015  City/ State and Zip Cod  RISACCOUNTAX@YAHOO.COM  E-mail address: (to be used for future annual report  concerning this matter, please call:  DEZ.  Contact Person  The following amount made payable to the Florida Depath of Status  Certificate of Status  Certified Copy  (Additional copy is enclosed)  ng Address  diment Section  on of Corporations  Street  Amendon of Corporations  Gox 6327  Clifton	POSO00098530  If Amendment and fee are submitted for filing.  Pondence concerning this matter to the following:  OSE LEMUS  Name of Contact Person  OSE LEMUS FULL LAND SERVICE INC  Firm/ Company  432 NW 189 STREET  Address  ALAMI FL 33015  City/ State and Zip Code  RESACCOUNTAX@YAHOO.COM  E-mail address: (to be used for future annual report notification)  concerning this matter, please call:  DEZ.  at (305

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## JOSE LEMUS FULL LAND SERVICE, INC.

(Name of Corporation as current	ly filed with the Florida Dept. of State)		
P08000098530			
(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the fo	dlowing amendment	(s) to
A. If amending name, enter the new name of the corporation:			
TREE LAWN SERVICES INC		The _new	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name	the abbreviation	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	SAME		
		्ष क	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME	- PP RR -	T]
		<del></del>	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address			
SAME	<u>3.</u>		
Name of New Registered Agent		<del></del>	
(Floridu st	reet address)		
New Registered Office Address:	, Florida,	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar		sition.	
_ Jose	CenNS Registered Agent, If changing		
Signature of New 1	Registered Agent, if changing	<del></del>	

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 Doc 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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
<u>X</u> Add	<u>sv</u>	Sally Sr	<u>aith</u>	
Type of Action (Check One)	_Title		Name	<u>Addres</u> s
1) Change		_	N/A	
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If ame (Attach	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
N/A	
<u> </u>	
<del></del>	
provi	mendment provides for an exchange, reclassification, or cancellation of issued shares, sions for implementing the amendment if not contained in the amendment itself:
N/A	f not applicable, indicate N/A)
·	

The date of each amendment(s)	03/01/2018 adoption:	if other than the
date this document was signed.		• •
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this e Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	u(s)
	approved by the shareholders through voting groups. The following states for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	idopted by the board of directors without shareholder action and sharehol	der
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
03/ 00 Dated	5/ 2018	
Signature	Jose Lensus	
selec	a director, president or other officer — if directors or officers have not been sted, by an incorporator — if in the hands of a receiver, trustee, or other continued fiduciary by that fiduciary)	
	JOSE LEMUS	
	(Typed or printed name of person signing)	
<b>S</b> CT	PRESIDENT	
	(Title of person signing)	