P10000171980

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Amend

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COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Pro Evergreen Un	limited Inc		
DOCUMENT NUMBER:	P10000017980			
The enclosed Articles of Amenda	nent and fee are su	bmitted for filing.		
Please return all correspondence	concerning this mat	tter to the following	ng:	
		Saiben Gar	zon	
		Name of Conta	act Persor	1
Pro Evergreen Unlimited Inc			Inc	
		Firm/ Con	npany	<u>-</u>
815 N Homestead Blvd, #628				
Address				
Homestead, Florida 33030				30
		City/ State and	Zip Code	}
	pı	roevergreenunlim	ited@yah	oo.com
E-ma	il address: (to be us	ed for future annu	ial report	notification)
For further information concerning	g this matter, pleas	e call:		
Ana Amoroso		at (305	338-4148
Name of Contact	Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	ving amount made p	payable to the Flor	rida Depa	rtment of State:
-	.75 Filing Fee & tificate of Status	□\$43.75 Filing Certified Cop (Additional co enclosed)	y	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section			Amend	Address ment Section
Division of Corporations P.O. Box 6327				n of Corporations Building
Tallahassee, FL 32314 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	Pro Evergreen Unlimited Inc	
(Name of C	Corporation as currently filed with the Fl	orida Dept. of State)
	P10000017980	
	(Document Number of Corporation (if kr	lown)
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this <i>Florida Profit Cor</i>	rporation adopts the following amendment(s) to
A. If amending name, enter the new nam	e of the corporation:	
		The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association.	ion "Corp," "Inc," or "Co". A profession," or the abbreviation "P.A."	
B. Enter new principal office address, if a (Principal office address MUST BE A STR		
		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		
		0.000
D. If amending the registered agent and/onew registered agent and/or the new r		ter the name of the
Name of New Registered Agent	Saiben Garzon	
Name of New Register en Agent		
Maine of New Registered Ingelin	815 N Homestead Blvd, #628	
	815 N Homestead Blvd, #628 (Florida street address)	
New Registered Office Address:	······································	Florida 33030

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.

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>	Name	<u>Addres</u> s
1) Change	_ P	Kathryn Amoroso	815 N Homestead Blvd
Add			#628
X Remove			Homestead, Florida 33030
2) Change	P	Saiben Garzon	815 N Homestead Blvd
X Add			#628
Remove			Homestead, Florida 33030
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) addate this document was signed.	option:	, if other than the
•		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date wi	ll not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were adopt action was not required.	oted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adoption was not required.	oted by the incorporators without shareholder action and shareholder	
DatedSignature	Det Alysa	
selected	rector, president or other officer if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court diduction by that fiduciary)	
	Saiben Garzon	
-	(Typed or printed name of person signing)	
	President	
-	(Title of person signing)	