## P1000053797

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Big Tree Inc of Cer	ntral Florida	<del> </del>	
DOCUMENT NUM	P10000053707			
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Margaret C Mejias			
		Name of Contact Person	1	
	Big Tree Inc of Central Florid	ia		
		Firm/ Company	A 18 11	
	4022 Rex Drive			
		Address	· ·-	
	Winter Garden, FL 34787			
		City/ State and Zip Code	2	
	admin@btcftrees.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
Margaret Mejias		at (	492-7372	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	
☐ \$35 Filing Fee	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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Tallahassee, FL 32314

## Articles of Amendment

Articles of Incorporation

	on as currently filed with the Flor	
(Docum	nent Number of Corporation (if know	wn)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corpo.	ration adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc." "chartered," "professional association," or the abbre	" or "Co". A professional corpo	porated" or the abbreviation "Corp.," ration name must contain the word
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	2024 SEP -3
D. If amending the registered agent and/or register new registered agent and/or the new registered		r the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the or	bligations of the position.
	ature of New Registered Agent, if ch	

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	<u>PT</u>	<u>John Do</u>	<u>oe</u>		
X Remove	$\underline{\mathbf{V}}$	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title		Name	<u>Addres</u> s	
1) Change	VP, S	_	Kristen A Bock	1226 Miracle Lane	
Add				Ft Myers, FL 33901	
Remove 2) Change	VP.S	_	Margaret C Mejias	4022 Rex Drive	
X Add				Winter Garden, FL 34787	
Remove 3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		_			
Add					
Remove					

	<mark>z or adding a</mark> tional sheets,	if necessary).	(Be specific)	<del></del>			
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	June 30, 2024	
The date of each amendment(s): date this document was signed.	doption:	, if other than the
Jur Effective date if applicable:	30, 2024	
Effective date il apparcable.	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this document's effective date on the E	clock does not meet the applicable statutory filing requirements, this date will epartment of State's records.	I not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were accation was not required.	opted by the incorporators, or board of directors without shareholder action and	l shareholder
■ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
must be separately provided fo	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by Margaret C Mejias &	·	
	(voting group)	
August 29 Dated	2024	
Signature	Mangant C. Mejus	
select	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
иррог	Margaret C Mejias	
	(Typed or printed name of person signing)	
	President	

## **COVER LETTER**

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		Address		
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		City/ State and Zip Code	<del></del>	
	admin@btcftrees.com			
		sed for future annual report	notification)	
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For further informatio	n concerning this matter, plea	se call:		
Margaret Mejias		at ( <sup>407</sup>	492-7372	
Name	of Contact Person	at (407) 492-7372  Area Code & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:	
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address  Amendment Section  Division of Corporations  The Centre of Tallahassee  2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303