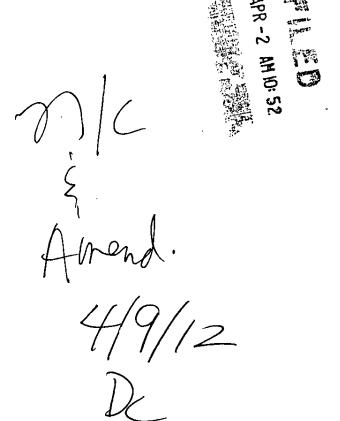
P11000104749

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	- #\
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

Division of Corporations
NAME OF CORPORATION: PROFESSIONAL PATIENT A DVOCATES INC
DOCUMENT NUMBER: P 11000104749
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
FRANK TROMBA Name of Contact Person TROMBA TREE & LANDSCAPE INC Firm/Company 2055 SIESTA ORIVE # 15191 Address SARASOTA FL 34277 City/ State and Zip Code TROMBATREE DAOL, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FRANK TROMBA at 941 504-5624 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional Copy is Certified Copy is enclosed)
Mailing Address Street Address

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

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Articles of Amo	endment
to Autilian of Trans	
Articles of Incor	poration
PROFESSIONAL PATIENT	ADVOCATES TUC.
(Name of Corporation as currently filed with the Flor	
P11000104749	
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: TROMBA TREE & LANDS	ECAPE INC. The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	2055 SIESTA DR#15191 SARASOTA FL 34277
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2055 SIESTA DR #15191 SARASOTA FC 34277
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address;	s in Florida, enter the name of the
Name of New Registered Agent (Florida street	
New Registered Office Address: (City)	Florida Cip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wit	n ond accept the obligations of the position:
Signature of New Registered Age	ent 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:

 $P = Pre \hat{s}ident; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD$.

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 Doe		
X Remove	<u>v</u>	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
Change Add Remove	_2_	Kaci TROMBA	2236 TLIP STREET SAKASOTA FL 34239	
2) Change Add Remove		CARLY TROMBA	2055 SIEJA DR.#15191 SARASOTA FC 34277	
3) X Change Add Remove	<u>P</u>	FRANK TROMBA	2055 SIESTA DR # 15191 SARASOJA FL 34271	
4) Change Add Remove	UP	FRANK TROMBA	2055 SIESTA DR #1519/ SARASOTA FC 34277	
5) Change Add Remove				
6) Change Add Remove				

Page 2 of 4

If amending or adding additional Artic (attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
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If an amandment provides for an evolu-	once reclassification or cancellation of issued chares
provisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(i) not approache, mateure 1971)	
Λ	
	<u>' </u>

The date of each amendment(s) ad	loption:
Effective date if applicable:	2-6-12
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
•	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved 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	for the amendment(s) was/were sufficient for approval
by Stake	HOUERS "
· · · · · · · · · · · · · · · · · · ·	(voting group)
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated	27/12
Signature	A call
(By a di	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
арроіпі	ed fiduciary by that fiduciary)
	FRANK IROMBA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)