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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TION: GENERAL TREE	E & LANDSCAPE ENTER	RPRISES INC
DOCUMENT NUMBER	R:		
The enclosed Articles of A	Amendment and fee are su	bmitted for filing.	
Please return all correspon	ndence concerning this ma	tter to the following:	
GE	RARDO ALZAMORA		
		Name of Contact Person	1
GE	NERAL TREE & LANDS	SCAPE ENTERPRISES IN	C
		Firm/ Company	
PO	BOX 990219		
		Address	
NA	APELS, FL 34116		
		City/ State and Zip Code	e
REDEM	PTIONAM1220@GMAIL	COM	
	-	sed for future annual report	notification)
	`	•	,
For further information co	oncerning this matter, pleas	se call:	
GERARDO ALZAMOR	A	at (239	227-3022
Name of C	Contact Person		de & Daytime Telephone Number
Enclosed is a check for th	e following amount made	payable to the Florida Depa	ertment 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)
Amend Divisio P.O. Bo	<u>x Address</u> ment Section n of Corporations ox 6327 ssee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

GENERAL TREE & LANDSCAPE ENTERPRISES INC

(Name of	Corporation as curren	tly filed with the Florida	Dept. of State)
P12000025828			
	(Document Number	of Corporation (if known	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, th	is Florida Profit Corpora	tion adopts the following amendment(s) to
A. If amending name, enter the new nar N/A	ne of the corporation:		The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	tion "Corp," "Inc," or	"Co". A professional c	acorporated" or the abbreviation
. ,		N/A	المنسلة المنافقة المن
B. Enter new principal office address, if (Principal office address MUST BE A ST.			T E D
			72 73
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO BOX 990219	
		NAPLES, FL 34116	
D. If amending the registered agent and new registered agent and/or the new			ne name of the
Name of New Registered Agent	REDEMPTION ACCOU	JNTING PROFESSIONA	L INC
	5270 GOLDEN GATE	PKWY SUITE 115	
•	(Florida	street address)	
New Registered Office Address:	NAPLES		34116 , Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if ch. I hereby accept the appointment as registe.		<u>nt:</u>	
	VIII		
	Signature of New	Registered Agent, if chan	ging

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.

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>	Name	Address
1) Change	PRES	JASON ALZAMORA	3190 25TH AVE NE
Add			NAPLES,, FL 34117
X Remove			
2) Change	PRES	GERARDO ALZAMORA	PO BOX 990219
X Add			NAPLES, FL 3416-6043
Remove			
3) Change			
Add			
Remove			·
4) Change		<u></u>	
Add			
Remove			
5) Change			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	N/A
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
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provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
N/A	provisions for implementing the amendment if not contained in the amendment itself:
N/A	
	N/A

late this document was signed.	
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
lote: If the date inserted in this ocument's effective date on the l	block does not meet the applicable statutory filing requirements, this date will not be listed a Department of State's records.
doption 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 amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated	Ship of
(Ву а	director, president or other officer - if directors or officers have not been
	ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	GERARDO ALZAMORA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)