14 000072586

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION: FREDY LANDSO	CAPING SERVICES INC	
	MBER: P14000072586		
	es of Amendment and fee are su	ibmitted for filing.	
Please return all cor	respondence concerning this ma	atter to the following:	
	FREDY		
		Name of Contact Person	1
	BEAVER TREESCAPE INC		
		Firm/ Company	
	PO BOX 380712 MIAMI FL	. 33238	
		Address	
		City/ State and Zip Code	e
	BEAVERTREESCAPE@GM	MAIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, plea	ce call.	
tor tartiff informat	on concerning this matter, pica		
FREDY		at (⁷⁸⁶	800-7799
Name	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$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)
<u>M</u>			Address

Articles of Amendment to Articles of Incorporation of

FREDY LANDSCAPING SERVICES INC	7 7 4 4 7
(Name of Corporation as	currently filed with the Florida Dept! of State)9: 23
P14000072586	· _ · -
(Document N	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ntes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ation:
BEAVER TREESCAPE INC	The new
name must be distinguishable and contain the word "corpora "Inc.," or Co.," or the designation "Corp," "Inc.," or " "chartered," "professional association," or the abbreviation	ntion," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word in "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 380712 MIAMI FL 33238
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office Name of New Registered Agent	fice address in Florida, enter the name of the address:
(F)	lorida street address)
New Registered Office Address:	. Florida
New Registered Office Address.	(City) (Lip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo	<u>d Agent:</u> amiliar with and accept the obligations of the position.
Signature o	of New Registered Agent, if changing

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Address</u>
1) Change		_		
Add				
Remove				
2) Change		_		<u> </u>
Add				
Remove 3) Change		-		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Demove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
• • • • • • • • • • • • • • • • • • • •	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more ti	an 90 days after amendment file date)
Note: If the date inserted in this block does not meet the adocument's effective date on the Department of State's reco.	pplicable statutory filing requirements, this date will not be listed as the ds.
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporator action was not required.	, or board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholder must be separately provided for each voting group entitle	
"The number of votes cast for the amendment(s) wa	s/were sufficient for approval
by	21
by	
3/21/2024	
Dated	
Import Bluin	
Signature (Ru a director procidently)	officer - if directors or officers have not been
	in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary	
Tech P	2,5425
- tread o	anegas ted name of person signing)
(Typed or pri	ued name of person signing)
OWNER	
(Title of perso	