P15000087101

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

JAN 1 4 2016 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: KINNE TREE SERVICE, INC. DOCUMENT NUMBER: P15000087101 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CLIFFORD KINNE / Name of Contact Person Firm/ Company 4613 N. UNIVRSITY DRIVE, STE 618 Address CORAL SPRINGS, FL 33067 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 865-1899

Area Code & Daytime Telephone Number **CLIFFORD KINNE** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

KINNE TREE SERVICE, INC.	· · · · · · · · · · · · · · · · · · ·		1			
(Name of Corporation a	s currently	filed with tl	he Florida	Dept. of State)	
P15000087101						
(Document	Number of C	Corporation	(if known)	· ·		,
Pursuant to the provisions of section 607.1006, Florida States articles of Incorporation:	atutes, this Fi	orida Profil	t Corporati	on adopts the f	ollowing amend	20度 JAN
A. If amending name, enter the new name of the corpo	ration:				AS A	
KINNE TREE SERVICE OF SOUTH FLORIDA, INC.					The	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," "word "chartered," "professional association," or the abbut B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Inc," or "Ce reviation "P.	". A profe	y," or "inc essional co	corporated" oi poration name	the abbrevia	tion
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			:			 - -
 If amending the registered agent and/or registered of new registered agent and/or the new registered office 		in Florida	enter the	name of the		
Name of New Registered Agent						
· · · · · · · · · · · · · · · · · · ·	Florida street	address)				
Now Besistand Office Address			I	D114-		
New Registered Office Address:	(Ci	かり		, Florida	(Zip Code)	-
lew Registered Agent's Signature, if changing Register	ed Agent:					
hereby accept the appointment as registered agent. I am	familiar with	and accept	the obliga	tions of the pos	sition.	
	of New Regi				_	

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>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	-		
Add			
Remove			
5) Change			_
Add			:
Remove			
6) Change			
Add			
Remove			

If amending or adding Attach <i>additional sheet</i>	s, if necessary).	(Be specific)			
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an amendment provi	des for an even	anna raclassifica	tion or cancellati	on of icenad char	ras
an amendment provi provisions for impleme	enting the amer	ndment if not con	tained in the ame	ndment itself:	-691
(if not applicable, i	ndicate N/A)				
	, , 		·		
					
					<u> </u>
•					

The date of each amendment(s) adoption:	_, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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" (voting group)	
(voting group)	
■ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 1-17-16	
Dated 1-17-16 Signature C.R. Kinne	_
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Clifford R Kinne	
(Typed or printed name of person signing)	
tresident	
(Title of person signing)	