P16 000053327

(Requestor's Name)
(Address)
(Address)
, , ,
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
certained despites
Special Instructions to Filing Officer:





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U9/U2/21--U1023--U26 **43.75



A. Butler 9/16/21

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Treew	orks Grounds Care Inc
DOCUMENT NUMBER: P160000	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
J. MM.	Ray Sm. H Name of Contact Person
Treeworks	Grands Care Inc Firm/ Company
4839 50	N 148 Ave # 521 Address
Davie	FL 33330 City/ State and Zip Code
	eeworksmateamon, com
For further information concerning this matter, please	call:
Jinny Smith	at (954) 520 - 9006 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	iyable to the Florida Department of State:
S35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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

Articles of Amendment

to

Articles	of	Incor	rpora	ation

of

- Treeworks Grounds	are the 2021 SED -2 1117 200
	ntly filed with the Florida Dept. of State) 7: 20
P160000 53327	SALT VILL OF STATE
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must he distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4839 SW 148 Ave
	#521 Davie Fl 33330
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	4839 SW 148 Ave
	# 521
	Davie FC 33330
 If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre 	dress in Florida, enter the name of the
Name of New Registered Agent Jimny	2 ay 5mith
4839 5 W	VILLA AUR #521
New Registered Office Address: Davie	Florida 33330
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registered Ager	nt.
hereby accept the appointment as registered agent. I am familian	r with and accept the obligations of the position.
mu Dank	
Signature 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)

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 = Trustec; 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> <u>John I</u>	<u>Doe</u>	
X Remove	V Mike	Jones	
<u>X</u> Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	PUST	John Godshall	4240 NW 116th AVE
Add			Sunrise F1 33323
Remove	PUST	Jimmy Ray Smith	1,620 / 1/20
2) Change Add	1 421	- 17 47 300	4639 SW 148 AVe #521
Remove 3) Change			Davie FL 33330
Add			
Remove			
4) Change	 		
Add Remove			
5) Change			
Add	- -		
Remove			
6) Change			
Add			
Remove			

	heers, if necessary).	icles, enter change((Be specific)			
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an amendment p rovisions for imp	royides for an exch dementing the ame	ange, reclassification	on, or cancellatio	n of issued shar dment itself:	es.
(if not applicab	ble, indicate N/A)				
	<u> </u>		/		<u> </u>
					

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The date of each amendment(s) adoption:	1 1	2021	, if other than the
date this document was signed.	1	ı	
Effective date <u>if applicable</u> :	12	021	ndment file date)
	(no mor	e than 90 days after ame	ndment file date)
Note: If the date inserted in this block does n document's effective date on the Department of			ling requirements, this date will not be listed as the
Adoption of Amendment(s) (CF	IECK ON	<u>(E)</u>	
The amendment(s) was/were adopted by the action was not required.	incorpora	stors, or board of director	rs without shareholder action and shareholder
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		lers. The number of vote	es cast for the amendment(s)
The amendment(s) was/were approved by the must be separately provided for each voting			
"The number of votes cast for the ame	ndment(s)	was/were sufficient for	approval
by			
(voi	ing group)	
Dated 8 29 29	021	<u>a</u>	
(By a director, pres	orporator -	- if in the hands of a rece	or officers have not been eiver, trustee, or other court
		ohn God	
	(Typed or	printed name of person	signing)
	PUS	ST	
	(Title of p	erson signing)	