## P1700015964

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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MAY 18 2017 R. WHITE

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

OCUMENT NUMBER: P17000015964					
ne enclosed Articles of Amendment and fee are submitted for filing.					
ease return all correspondence concerning this matter to the following:					
Joan Guerrero  Name of Contact Person  All Trees Matter, Trc.  Firm/Company  H520 SW 21 <sup>St</sup> Street  Address  Oavia, FL 33325  City/ State and Zip Code  Leanon e amail-com  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Joann Guerrero al (954) 394-2567					
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  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301					

	Articles of Amendment	
	Articles of Incorporation	
	of 17 MAY 15	DN L. 10
OUT		
	tion as currently filed with the Flori	
(Name of Corporat	non as currently med with the Fiori	da Dept. or State)
(Docu	ment Number of Corporation (if know	n)
arsuant to the provisions of section 607.1006, Floric Articles of Incorporation:	da Statutes, this Florida Profit Corpor	ration adopts the following amendment(s
If amending name, enter the new name of the c	orporation:	
All Trees Matte	C TOC:	The new
ame must be distinguishable and contain the wo Corp.," "Inc.," or Co.," or the designation "Corp ord "chartered," "professional association," or the	o," "Inc," or "Co". A professional	
Enter new principal office address, if applicable rincipal office address <u>MUST BE A STREET AD</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0x</u> )	
If amending the registered agent and/or registered new registered agent and/or the new registered		the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City)	, Florida
	(Спу)	(είρ σομέ)
1		

Signature of New Registered Agent, 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 = 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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change	<del></del>	<del></del>	,	
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
0 01				
6) Change		_		
Add				
Remove				

Attach a	ding or adding additional Articles, and additional sheets, if necessary). (Be	specific)	-		
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				, <u>-</u>	
provisi	nendment provides for an exchange ons for implementing the amendme not applicable, indicate N/A)	, reclassification, ent if not contained	or cancellation of i	ssued shares, it itself:	
		<u> </u>			·
				· , · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file dat	(e)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirement partment of State's records.	nts, this date will not be listed as the
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 an	nendment(s)
	roved by the shareholders through voting groups. The follows each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	, man	
-	(voting group)	
action was not required.	pted by the board of directors without shareholder action and pted by the incorporators without shareholder action and shareholder action a	
(By A di	rector, president or officer – if directors or officers have l, by an incorporator – if in the hands of a receiver, trustee, or	
appoint	ed fiduciary by that fiduciary)	
•	(Typed or printed name of person signing)	
	President	
-	(Title of person signing)	