## P18000029185

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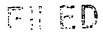
A. Butter

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Treed Enterprises.	Inc	
DOCUMENT NUMI		***	
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Johanna Herzon		
	<u> </u>	Name of Contact Person	n
	Web Pay Inc		
		Firm/ Company	
	9240 SW 72nd Street, Suite 1	14	
		Address	
	Miami, FL 33173		
		City/ State and Zip Cod	e
	webpayinc@yahoo.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further informatio Johanna Herzon	n concerning this matter, pleas		
Name (	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Division The C 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation of



Treed Enterprises, Inc	2021 AUG 12	PM 3: 37
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P18000029185	Sephenie	OF STATE
(Document Number of	Corporation (if known)	<del>JULET NE</del>
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the fo	llowing amendment(s)
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the	
Name of New Registered Agent		
(Florida stre	et address)	
New Registered Office Address:	, Florida	· · · · · · · · · · · · · · · · · · ·
(	City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the pos	ition.
Consultance of Vine Do	gistered Agent, if changing	<del></del>
Mgnature of New Re	уметеа мдет, у спапуту	

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 = 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	PT Joh	n Doe	
X Remove	<u>V</u> <u>Mil</u>	<u>ce Jones</u>	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PTSD	Terry Reed	233 NW 36th Avenue
Add			Pompano Beach, FL 33069
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Adđ			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

(Attach additional sheets, if necessary).	eles, enter change(s) here:  (Be specific)
•	
	,
<del> </del>	
	<u></u>
<del>*************************************</del>	
	,
If an amendment provides for an excha-	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amend	idment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

•

•

The date of each amendment(s) as	loption:	, if other than it
date this document was signed		
Effective date <u>if applicable</u> :	-	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records	date will not be listed as ti
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required	pted by the incorporators, or board of directors without shareholder a	action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendme fficient for approval.	nt(s)
	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	emeni
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
hy	<u> </u>	
	(voting group)	
08/03/202 Dated	erry Teed	
(By a d	rector_president or other officer - if directors or officers have not bee	
	<ul> <li>I, by an incorporator – if in the hands of a receiver, trustee, or other or ed fiduciary by that fiduciary)</li> </ul>	ourt
	Terry Reed	
	(Typed or printed name of person signing)	<del></del>
	President	

(Title of person signing)