## P18000054626

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: RIVERA TREE'S	EXPERTS INC	·	
	BER: P18000054626			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corru	espondence concerning this ma	itter to the following:		
	ANTONIO RIVERA			
		Name of Contact Persor	)	
	RIVERA TREE'S EXPERTS	SINC		
		Firm/ Company		
	4025 PONDEROSA DRIVE			
		Address		
	ORLANDO FL 32822			
		City/ State and Zip Code	2	
	jeanal@aol.com			
	, -	sed for future annual report	notification)	
For further information	on concerning this matter, plea	se call:	282-8689	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	☐S43.75 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)	
Mailing Address			Address	
	endment Section	Amendment Section		
	ision of Corporations	Division of Corporations		
	). Box 6327		entre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

RIVERA TREE'S EXPERTS INC

(None of Company)	annually filed with the Planta Part of Ctata	
P18000054626	currently filed with the Florida Dept. of State)	
	umber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the follo	wing amendment(s)
A. If amending name, enter the new name of the corpora	tion:	
		The new
name must be distinguishable and contain the word "corporat" "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviation	Co". A professional corporation name must con	iation "Corp.,"
B. Enter new principal office address, if applicable:	4025 PONDEROSA DRIVE	20
(Principal office address MUST BE A STREET ADDRESS	ORLANDO FL 32822	2021 GCT 12
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4025 PONDEROSA DRIVE	7
(1)	ORLANDO FL 32822	ယ ယ ဟ
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office:  Name of New Registered Agent  N/A		
(FI	lorida street address)	
New Registered Office Address:	, Florida	
	(City)	Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	umiliar with and accept the obligations of the position	m.
Signature o	f New Registered Agent, if changing	
Charlett and trade.		

 $\Box$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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.

X Change	PT	John De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	V		FLOYD TIMOTHY EUGENE	9837 E COLONIAL DR
Add		_		ORLANDO FL 32817
X Remove				
2) Change		<del></del>		
Add				
Remove 3 ) Remove		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		<del>-</del>		
Add				
Remove				

	dding additional Art sheets, if necessary).	(Be specific)	<del></del>		
/A					
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				<u> </u>	
			-		
If an amendmen	provides for an exc	hange, reclassific	cation, or cancellat	ion of issued share	<u>'S.</u>
	nplementing the am	<u>endment if not co</u>	ontained in the ame	endment itself:	
provisions for i	anie, maicaie is/A)				
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The date of each amendment(s)	adoption:, if other than t
date this document was signed.	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as to Department of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
■ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
☐ The amendment(s) was/were ap must be separately provided fo	oproved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	of for the amendment(s) was/were sufficient for approval
by	(voting group)
·	(voting group)
Dated Dated Signature(Bv.	director, president or other officer – if directors or officers have not been
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	ANTONIO RIVERA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)