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ALLAHASSEE FLORID

DEC 04 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PRO CLIMBERS	TREE SERVICE CORP	
DOCUMENT NUMB			
The enclosed Articles of	f.Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
		MARIO MACIA PEREZ	
-		Name of Contact Person	
	PRO CLI	MBERS TREE SERVICE CORP	
-		Firm/ Company	
		6917 300TH AVE N	
_		Address	
		CLEARWATER, FL 33761	
_		City/ State and Zip Code	
	i	nfo@bnmultiservices.com	
		sed for future annual report notification)	
	concerning this matter, pleas	se call:at ()	
Name of	f 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	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ng Address	Street Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations	
	Box 6327	Clifton Building	
	hassee, FL 32314	2661 Executive Center Circle	
		Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

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PRO CLIMBERS TREE SERVICE CORP

(Name of Corpora	tion as currently filed wi	th the Florida Dept. of	State)
	P18000068747		
(Docu	iment Number of Corporat	ion (if known)	
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this <i>Florida P</i>	rofit Corporation adopt	s the following amendment(s)
A. If amending name, enter the new name of the o	corporation:		
			The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corword" chartered," "professional association," or the	p." "Inc." or "Co". A p		
B. Enter new principal office address, if applicab	<u></u>		
(Principal office address <u>MUST BE A STREET AD</u>	ODRESS)		
			- 屋
			
C. Enter new mailing address, if applicable:			V 2
(Mailing address MAY BE A POST OFFICE B	<u>OX</u>)		Sign of In
			± □
			<u> </u>
			5 8
D. If amending the registered agent and/or registe	ered office address in Flo	orida, enter the name o	f the
new registered agent and/or the new registered	d_office address:		
Name of New Registered Agent			
	(Florida street address	- 	
		.,,	
New Registered Office Address:	(City)	, Flo	orida <i>(Zip Code)</i>
			,,
New Registered Agent's Signature, if changing Re	egistered Agent:		
hereby accept the appointment as registered agent.	I am familiar with and a	ccept the obligations of	the position.
Sin	nature of New Registered	Agant if changing	
.31g	maure of new negistered	лдын, у иландид	

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 Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	ROLANDO PEREZ SALGADO	6917 300TH AVE N
Add X Remove			CLEARWATER, FL 33761
2) Change Add			
Remove			
3) Change Add			
Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
) Change			
Add			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	
,_,	
 -	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

	11/12/2018	
The date of each amendment(s) a date this document was signed.		, if other than the
date this document was signed.	11/12/2018	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date bepartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were s	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
•	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	lopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	lopted by the incorporators without shareholder action and shareholder	
Dated	11/17/18	
Signature		
	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	
арроіі	nted fiduciary by that fiduciary)	
	MARIO MACIA PEREZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<u> </u>