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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORA	TION: NOTTHWE	st Florida Ti	ree care and consultants INC
DOCUMENT NUMBE	r: <u>P186000</u>	75 282	<del></del>
The enclosed Articles of	**************************************	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
	Northwest Fla 6509 O Milton	all land 1 Address	S70
For further information of	concerning this matter, pleas	se call:	, and the second
MeU/ Name of	n Davis Contact Person	at ( <u>850</u> Area Co	<u>SCI - 76 74</u> de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:
	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ameno Divisio	ng Address Iment Section on of Corporations tox 6327	Amend Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to

## Articles of Incorporation of

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Morth wes	b FLoric	da tree	C616. 400	1 CON SUIT WATER
		filed with the Florida	Develofistate)4	Pff 4: 32
<u> </u>	75282		SECRETAL TRANSPORTER	· CAIF
(De	ocument Number of 0	Corporation (if known)	totales (1/3)	JEE, PL
Pursuant to the provisions of section 607,1006, Flaits Articles of Incorporation:	orida Statutes, this F	lorida Profit Corporati	on adopts the following	owing amendment(s) to
A. If amending name, enter the new name of the	e corporation:			
				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp, " "Inc," or " $C$	o". A professional con		
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET).				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>'BOX</u> )			
D. If amending the registered agent and/or reg new registered agent and/or the new register		ss in Florida, enter the	name of the	
Name of New Registered Agent	<del></del>			<del></del>
<del></del>	(Florida stree	t address)		<del></del>
New Registered Office Address:			. Florida	
	ί(	lity)		(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		th and accept the obliga	ntions of the posit	ion.
	Signature of New Rey	gistered Agent, if chang	ing	<del></del>

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 De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
_X Add	<u>SV</u>	Sally St	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VP	_	Gary B Thorsen	
Add Remove				Milton FL 32570
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				<del></del>
6) Change		<del>-</del>		
Add				
Remove				

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself;  (if not applicable, indicate N/A)	Attach additional sheets, if necessary	). (Be specific)	
provisions for implementing the amendment if not contained in the amendment itself:			
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provisions for implementing the amendment if not contained in the amendment itself:	f an amendment provides for an ex-	schange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	provisions for implementing the ai	mendment if not contained in the amendment itself:	
	(if not applicable, indicate N/A)		

The date of each amendment(s) add date this document was signed.	option: <u>3-7-14</u>	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file dat	'e)
Note: If the date inserted in this ble document's effective date on the Dep	ock does not meet the applicable statutory filing requireme artment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the articlent for approval.	nendment(s)
	oved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendment	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	ited by the board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporators without shareholder action and shar	eholder
Dated 3 - 7	- 19	
Signature	horis Colonia	
(By a dir selected.	ector, president or other officer – if directors or officers have by an incorporator – if in the hands of a receiver, trustee, or d fiduciary by that fiduciary)	
_	Theuis C paris	
	(Typed or printed name of person signing)	
_	(Title of person signing)	
	(Title of person signing)	