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COVER LETTER

TO: Amendment Section Division of Corporations

Service of the service of

NAME OF CORPORATION:	FERNS LANDSCAPING & TREE SERVICE CORP						
DOCUMENT NUMBER:	P22000069417						
The enclosed Articles of Amendment	and fee are submitted for filing.						
Please return all correspondence cond	rning this matter to the following:						
	SANDRA L MONCADA						
	Name of Contact Person						
	LAS AMERICAS MULTISERVICES LLC						
	Firm/ Company						
	450 S. OLD DIXIE HWY.						
	Address						
JUPITER, FL 33458							
	City/ State and Zip Code						
For further information concerning th	·						
Name of Contact Pers	at (561) 743-1023 Area Code & Daytime Telephone Number						
Enclosed is a check for the following	mount made payable to the Florida Department of State:						
	iling Fee & S43.75 Filing Fee & S52.50 Filing Fee e of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)						
Mailing Address	Street Address						
Amendment Section Division of Corporate	Amendment Section ions Division of Corporations						
P.O. Box 6327	The Centre of Tallahassee						
Tallahassee, FL 32.							

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

EE CEDVICE CORP

FERNS LAND	OSCAPING & TREE S	SERVICE CORP	3 . 1 . 1 . 2 . 2 . 2 . 2 . 3 . 3 . 3 . 3 . 3 . 3	
(Name of Corporat	tion as currently filed	with the Florida	Dept. of State	<u>e</u>)
	P22000069417	46.	4.1	4.:: <u>10:- 13</u>
(Docu	ment Number of Corp	oration (if known		
ursuant to the provisions of section 607,1006, Floric s Articles of Incorporation:	la Statutes, this <i>Florid</i>	la Profit Corporal	tion adopts the	following amendment(s
. If amending name, enter the new name of the o	corporation:			
FERNS LANDS	CAPING & PRESSU	RE WASH, COR	P	_Thenew
ame must be distinguishable and contain the word "c Inc.," or Co.," or the designation "Corp," "Inc, chartered," "professional association," or the abbr	," or "Co". A prof	ny," or "incorpor essional corporal	ated" or the ab tion name mus	breviation "Corp.," it contain the word
B. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET AD</u>				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>ox</u>)			
If amending the registered agent and/or registence new registered agent and/or the new registered		ı Florida, enter tl	ne name of the	
Name of New Registered Agent				
	(Florida street ada	lress)	_	
1000 441		,	. Florida	
New Registered Office Address:	(City)		, Florida	(Zip Code)
ew Registered Agent's Signature, if changing Refereby accept the appointment as registered agent.	gistered Agent: I am familiar with ar	nd accept the oblig	gations of the p	osition.
	CN Dorder			
Sigi	nature of New Register	rea Agent, ij chan	ging	

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)

Example:

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	<u>PT</u>	John Do	<u>De</u>	
X Remove	<u>v</u>	Mike Jo	one <u>s</u>	
X Add	<u>sv</u>	Sally Sr	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Remove				

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

	03/22/2024	
The date of each amend date this document was si	· · · · · · · · · · · · · · · · · · ·	, if other than the
Effective date if applica	01/01/2024 ple:	
	(no more than 90 days after amendment	file date)
	d in this block does not meet the applicable statutory filing requestion the Department of State's records.	uirements, this date will not be listed as the
Adoption of Amendmen	t(s) (<u>CHECK ONE</u>)	
The amendment(s) wa action was not require	s/were adopted by the incorporators, or board of directors without.	at shareholder action and shareholder
	s/were adopted by the shareholders. The number of votes east for as/were sufficient for approval.	or the amendment(s)
	s/were approved by the shareholders through voting groups. The ovided for each voting group entitled to vote separately on the a	
	votes cast for the amendment(s) was/were sufficient for approva	.1
by	A. direction of the control of the c	
	(voting group)	
	03/22/2024	
Dated_		
Signatu	re F	
	(By a director, president or other officer – if directors or offic selected, by an incorporator – if in the hands of a receiver, tru appointed fiduciary by that fiduciary)	
	FERNANDO ALCANTARA GARCIA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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