P23000016357

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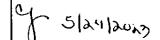




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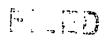


COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Green Tree Arborist Specialists Inc.
DOCUMENT NUMBER: <u>PZ3000016357</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jestua Harper Name of Contact Person
Green Tree Arborist Second ist From
1932 Sw Newark Drive. Address
Fort White, FL 32038 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Toskia Herec at (396) 466-9238 Name of 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 Certificate of Status Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



Green Trea Ar	borist	Secialists	. FAC.	2023 HAR 13 AM 7: 4
(Na	ne of Cor	poration as current	ly filed with the Fl	orida Dept. of State)
P2300016357				TALLA ALTERIA
	((Document Number	of Corporation (if ki	nown)
Pursuant to the provisions of section its Articles of Incorporation:	507.1006,	Florida Statutes, this	Florida Profit Cor	poration adopts the following amendment(s
A. If amending name, enter the ne	w name o	f the corporation:		
name must be distinguishable and coi "Inc.," or Co.," or the designation "chartered," "professional associati	: "Corp,"	" "Inc," or "Co".	A professional cor	The new orporated" or the abbreviation "Corp.," poration name must contain the word
B. Enter new principal office addr (Principal office address <u>MUST BE</u>				
C. Enter new mailing address, if a (Mailing address MAY BE A PC)				
D. If amending the registered agen new registered agent and/or the				ter the name of the
Name of New Registered Ag	ent			
		(Fl:1-		
		(r tortaa s	treet address)	
New Registered Office Addr	<u>ess</u> :		(City)	, Florida(Zip Code)
			(0.19)	(inf Code)
New Registered Agent's Signature I hereby accept the appointment as r	if changi egistered o	ing Registered Agen agent. I am familiar	it: with and accept the	obligations of the position.
		Signature of New	Registered Agent, if	changing

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> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
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) Change	UP	Kevin Wallace	8483 SR-247
_ X _ Add			Lake City FL 3202
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)
	·
	<u> </u>
	
an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis and analysis analysis and analysis analysis and an analysis and an analysis analysis and an analysis and an analysis and an analysis analysis analysis analysis and an analysis analysis analysis and an analysis and an analysis and an analys

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The date of each amendment(s) adoption: March 4, 2023 , if other than the date this document was signed.
Effective date if applicable:Marcl
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the locument's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by Share holders (voting group)
(voting group)
Dated March 1, 7023 Signature
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
President (Title of person signing)