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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TIM'S TREE SER	VICE, INC		
DOCUMENT NUM				
	of Amendment and fee are st	sbmitted for filing.		
Please return all corre	spondence concerning this ma	itter to the following:		
	ANTIMO DIGENNARO			
		Name of Contact Pers	on	
	TIM'S TREE SERVICE, INC			
		Firm/ Company		
	1114 LENOX CT			
		Address		
	CAPE CORAL, FL 33904			
		City/ State and Zip Co	de	
ttsine	89@icloud.com			
		sed for future annual repo	rt notification)	
		•	,	
For further information	n concerning this matter, pleas	se call:		
ANTIMO DIGENNARO		239 at (887-2572	
Name (of Contact Person	at (239) 887-2572 Area Code & Daytime Telephone Num		
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	partment of State;	
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amer Divis Clifto	t Address Indiment Section ion of Corporations In Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TIM'S TREE SERVICE, INC+ (Name of Corporation as currently filed with the Florida Dept. of State) P93000037061 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/AB. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A(Muiling address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent	N/A			
		(Florida strevi address)	<u> </u>	
New Registered Office Address:	N/A		, Florida	
		(City)		(Ziv Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A		
-	Signature of New Registered Agent of changing	_

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.

Auke Jones, v as Kemov Example:	e, ana Sai	lly Smith, SV as an Add.	
X Change	<u>PT</u>	John Doe	
\underline{X} Remove	\underline{V}	Mike Jones	
\underline{X} Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	P	ANTIMO DIGENNARO	1114 LENOX CT
Add			CAPE CORAL, FL 33904
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			-
Remove			
51 Change	<u>-</u>		
Add			
Remove	,		
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
N/A	• • •
···	
·	
- 	• -
-	
	
. If an amendment provides for an eyeb	range, 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)	
Ň/A	
	

•

The date of each amendmen date this document was signed		, if other than the
Effective date <u>if applicable</u> :	JULY 26, 2019	
	tno more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, this date the Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by N/A	(voting group)	
•	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated	7-27-19	
Signature _	Pa on	
([By a director, president or other officer – if directors or officers have not been sleeted, by an incorporator – if in the hands of a receiver, trustee, or other court	
	opointed fiduciary by that fiduciary)	
	ANTIMO DIGENNARO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	