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COVER LETTER

TO: Amendment Section

Division of Corpor	rations						
NAME OF CORPOR	ATION: J&S Trees, Inc						
DOCUMENT NUMB	ER:						
The enclosed Articles of	f Amendment and fee are sub	mitted for filing.					
Please return all corresp	oondence concerning this matt	ter to the following:					
	Sheila B. Madrigal						
-		Name of Contact Person	i				
	J&S Trees, Inc.						
-		Firm/ Company					
	1062 Dyess Road						
•		Address					
	OKeechobee, FL 34974						
•		City/ State and Zip Code					
SWA	MPSBM@yahoo.com						
		ed for future annual report	notification)				
For further information	concerning this matter, pleas	se call:					
Laura K. Sims		at (634-4631				
Name o	of Contact Person	Area Coo	de & Daytime Telephone Number				
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:				
\$35 Filing Fee	□\$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)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301				

Articles of Amendment

FILED 17 OCT 30 PM 1: 28

Articles of Incorporation of

SECRETARY OF STATE

J&S Trees, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P95000070653 (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: 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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing 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 (Florida street address) New Registered Office Address: , Florida (Zip 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. Signature of New Registered Agent, if changing

address of each Officer se (Attach additional sheets, Please note the officer/dir P = President; V = Vice I Executive Officer; CFO = held. President, Treasurer Changes should be noted	and/or Diffects if necessing the cector title President, Chief For, Director in the foil was the ce	irector being ary) e by the first T= Treasu inancial Off would be the substitution of the substitution	t letter of the office title: trer; S= Secretary; D= Director; TR= Trus fficer. If an officer/director holds more tha PTD. tiner. Currently John Doe is listed as the PS Sally Smith is named the V and S. These sho	stee; C = Chairman or Clerk; CEO = Chie n one title, list the first letter of each offic T and Mike Jones is listed as the V. There			
X.Change	<u>PT</u>	John Doe					
X Remove	<u>v</u>	Mike Jone	Mike Jones				
X Add	<u>sv</u>	Sally Smit	<u>h</u>				
Type of Action (Check One)	Title	<u>N</u>	lame	Address			
1) Change	VP		Sheila B. Madrigal	1062 Dyess Road			
X Add				Okeechobee, FL 34974			
Remove							
2) Change							
Add							
Remove							
3) Change							
Add							
Remove							
4) Change							
Add							
Remove							
5) Change		<u> </u>					
Add							
Remove							
6) Change							
Add							

Remove

amending or adding additional Autoch additional sheets, if necessary)	l. (Be specific)			1
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f an amendment provides for an ex provisions for implementing the ar	change, reclassifical mendment if not con	tion, or cancellatio tained in the amen	n of issued shares, dment itself:	
(if not applicable, indicate N/A)			 	
			 	
				· · · · · · · ·
				
			··· · · · · · · · · · · · · · · · · ·	
				

The date of each amendment(s) ado	ption:	, if other than the
late this document was signed.	•	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more inan 90 days after amenament file date)	
Note: If the date inserted in this blo document's effective date on the Depart	ock does not meet the applicable statutory filing requirements, this date will artiment of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
· ·	(voting group)	l
The amendment(s) was/were adop action was not required.	sted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder	
October 2	3, 2017	
Dated		
NΩ	alla I M. Shara	\
Signature 1911	rector, president or other officer – if directors or officers have not been	 \
	by an incorporator – if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	}
_	Sheila B. Madrigal (Typed or printed name of person signing)	,
	(Typed or printed name of person signing)	
_	Vice President	
	(Title of person signing)	i