P99000018416

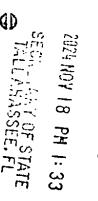
| (Re | questor's Name) | |
|---------------------------|----------------------|-------------|
| , | ŕ | |
| (Add | dress) | |
| | | |
| (Add | dress) | |
| (0) | ulūtas Elia IDla a s | |
| (Cir | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bus | siness Entity Nar | ne) |
| | | |
| (Doc | cument Number) | |
| Certified Copies | Certificates | s of Status |
| | | |
| Special Instructions to F | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |





000439775110

11/18/24--01030--019 **35.00



COVER LETTER

TO: Amendment Section **Division of Corporations**

P.O. Box 6327

Tallahassee, Fl. 32314

| NAME OF CORPORATION: _ | P. | J.'S Land Clearing, I | Inc | | |
|--|----------------------------------|---|----------|--|-------------------|
| DOCUMENT NUMBER: | 1 | P99000018416 | | | |
| The enclosed Articles of Amendm | ent and fee are su | bmitted for filing. | | | |
| Please return all correspondence c | oncerning this ma | tter to the following: | : | | |
| | | Jeannie Joseph | | | |
| | | Name of Contact | Person | | |
| | D | iSalvo & Associates | , PLLC | | |
| | | Firm/ Compa | any | | |
| | | 1760 N. Jog Rd. | #150 | | |
| | | Address | | | |
| | | West Palm Beach, | FL 334 | 11 | |
| | | City/ State and Zi | ip Code | | |
| | JJo | seph@d-acpa.com | | | |
| E-mail | address: (to be us | sed for future annual | report i | notification) | |
| For further information concerning | g this matter, pleas | se call: | | | |
| Jeannie Joseph | | at (| | 659-1177 | |
| Name of Contact Person | | A | rea Cod | e & Daytime Telephone | Number |
| Enclosed is a check for the following | ing amount made | payable to the Florid | la Depa | rtment of State: | |
| = | 75 Filing Fee & ficate of Status | S43.75 Filing F Certified Copy (Additional copy enclosed) | | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| <u>Mailing Addres</u> Amendment Sec Division of Corp | tion | , | Amendr | Address ment Section t of Corporations | QD SEC 233 |

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

P.J.'S Land Clearing, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P99000018416

(Document Number of Corporation (if known)

| Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation: | this Florida Profit Corporation adopts | the following amendment(s) to |
|--|---|-------------------------------|
| A. If amending name, enter the new name of the corporation | <u>n:</u> | |
| | | The new |
| name must be distinguishable and contain the word "corporation". "Inc.," or Co.," or the designation "Corp." "Inc," or "Co "chartered," "professional association," or the abbreviation "I | ". A professional corporation name | e abbreviation "Corp.," |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) | | |
| 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 new registered agent and/or the new registered office ado | | the |
| Name of New Registered Agent | | |
| (Florid | da street address) | |
| New Registered Office Address: | . Flor | rida (Zip Code) |
| New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami | gent: liar with and accept the obligations of ti | he political NOV |
| Signature of N | ew Registered Agent, if changing | A & |
| Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 | (11) (e), F.S. | PH I: |

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 Doe | | | |
|----------------------------|--------------|---------------|-------------|-----------------------|-----------------------|
| X Remove | V | Mike Jones | | | |
| _X Add | <u>sv</u> | Sally Smith | | | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | | Address | |
| 1) Change | S | Buffie Wilson | on | 4150 Okeechobee Rd. | |
| XXX Add | | | | Unit F | |
| Remove | | | | Fort Pierce, FL 34947 | |
| 2) Change | | | | | |
| Add | | | | | |
| Remove 3) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 4) Change | | - | | | |
| Add | | | | | |
| Remove | | | | | |
| 5) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 6) Change | | | | 2024 SZC TAC | |
| Add | | | | SECTIVE NOA | د الرابع در الرابع |
| Remove | | | | <u> </u> | |
| | | | | PH 1: 3. * OF STAT | Ö |

| If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific) | |
|---|--------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| · | |
| | |
| | |
| | · |
| | |
| | |
| | |
| | <u> </u> |
| | |
| | |
| | |
| | |
| | <u> </u> |
| | <u> </u> |
| | |
| | - |
| | |
| f an amendment provides for an exchange, reclassification, or cancellation of issued sha | ares, |
| provisions for implementing the amendment if not contained in the amendment itself: | |
| (if not applicable, indicate N/A) | |
| | |
| | |
| | |
| | |
| | |
| | *** |
| | W. |
| | ₩ |
| | 20 2 |
| | |
| | 宝沙 三 |
| | ASS = |
| | PH SEE |
| | m, ' . |
| | OV 18 PM 1: 33 |

| The date of each amendment(s) adoption: | , if other than the |
|--|-------------------------------------|
| date this document was signed. | |
| Effective date if applicable: | |
| (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, to document's effective date on the Department of State's records. | this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| ■ The amendment(s) was/were adopted by the incorporators, or board of directors without sharehold action was not required. | er action and shareholder |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval. | lment(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following s 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`` | |
| (voting group) | |
| 11/11/2024 Dated | |
| Signature (By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary) | |
| Patrick Wilson | |
| (Typed or printed name of person signing) | |
| President | |

(Title of person signing)

Z024 MOV 18 PM 1: 33
SEC: LARY OF STATE
TALLAHASSEE, FL