N190000 6171

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations and more Inc NAME OF CORPORATION: N1900000 6171 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/ Company) 756 Lake view Pd (Address) Clearwater, FL 33756 (City/ State and Zip Code) Tosseweyotragmail. com
Tomail address: (to be used for future annual report notification) For further information concerning this matter, please call: (Name of Contact Person) at 813 476-1002 (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\sum \$43.75 Filing Fee & \$\sum \$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

to Articles of Incorporation of

(Name of Corporation as currently filed with the Flor	. 	C.
N191	0000 6 17 1 Sumber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For Pro	ofit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
NA		The new
name must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name.	poration" or "incorporated" or	the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.)	ESS) NA	7020
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Λ(Δ-	
D. If amending the registered agent and/or registered	office address in Florida, ente	er the name of the
new registered agent and/or the new registered off		
Name of New Registered Agent:	NA	
New Registered Office Address:	(Florida	street address)
	City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regist- I hereby accept the appointment as registered agent. I a		obligations of the position.
	Signature of New Registered	
	Signature of New Registered	Agent, if 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.

Example: X Change X Remove X Add	PT John I Y Mike SY Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	I	Shelby Kuzcharsk	1 14600 Penny LN Dade City, Fix 33505
Remove 2) Change Add	T	Thomas Possevey	1756 bake new Pd Gearwater Fr
Remove 3) Remove Add Remove			33756
4) Change Add		<u></u>	
Remove 5) Change Add			
Remove		-	
6) Change Add Remove			
		rticles, enter change(s) here: (Be specific)	
NA			

NA
The date of each amendment(s) adoption: UMY 29, 2020 if other than the date this document was signed.
Effective date if applicable:
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated July 29, 2020	
Signature Perfei Dosseury - President (By the chairman or vice chairman of the board, president or other officer-if directors 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)	