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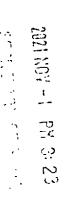
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COVER LETTER

FO: Amendment Section Division of Corporations	*
NAME OF CORPORATION: Addison Rooding & Shuffer Inc	4
DOCUMENT NUMBER: POSOO() 45024	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Mark Addism	
Name of Contact Person Addison	
Firm/ Company	
Address	
Homestead N 33030 City/State and Zip Code	,
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Mark Hollin 111(305), 5067772	
Name of Contact Person Area Code & Daytime Telephone Number	r
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303	

Articles of Amendment

to Articles of Incorporation

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Addison Ponding	8 Shutte	C IN > 2021	NOV - F P	u 5. 95
(Name of Corporatio	n as currently filed with t	he Florida Dept. of S	tate)	<u> </u>
0056	0001502	1 010	**************************************	
<u> </u>	0009000	<u></u>	11 .	· t
(1)OCUID	ent Number of Corporation	(11 KB(WH)		
suant to the provisions of section 607,1006. Florida Articles of Incorporation:	Statutes, this Florida Profit	*Corporation adopts (the following a	mendment(
If amending name, enter the new name of the co	rporation:			
711c. D. T. 9	510 11000	Tio.		
100150n Looring a	ONINGHOID	+nc		he new
ne must be distinguishable and contain the word "co. c., " or Co., " or the designation "Corp," "Inc,"				
partered," "professional association," or the abbrev		corporation rame i		716 7177 (1
		1 1	1	
Enter new principal office address, if applicable: incipal office address MUST BE A STREET ADD		- 1-1-1-1	 	
mcipai ojjice aaaress <u>sitest BEASIREET ADD.</u>	<u>KESS</u>)	//// H		
		/// [N		
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Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>			
		. / /\ .		
		1/4		
		10/7		
		,		
If amending the registered agent and/or registered new registered agent and/or the new registered of		a, enter the name of	<u>the</u>	
new registered agent and/or tile new registered o	mice address:			
Name of New Registered Agent				
	1/1	// _		
	(Florida street address)	J		
New Registered Office Address:	Cini	, Flor	ida	7
	(City)		(Zīp Coā	<i>e)</i>
v Registered Agent's Signature, if changing Regi- reby accept the appointment as registered agent. I		st the abligations of th	ia position	
телу ассері іне арронитені из гедімеген адені. Т	1 L \ \	a ene oouganous oj m	с рознит.	
	1/1			
/	/ / \ \			

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)

Please note the officer/director title by the first letter of the office title:

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>	John Doe	
\underline{X} Remove	\underline{V}	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change	***		
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove		•	
5/ Change			
Add			
Remove			
6) Change			
Add			
Damora			

(Attach ada	litional sheets, if n	tional Articles, ent ecessary).— (Be spe	ecific)	•		
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If an amen	dment provides f	or an exchange, re	classification, or	cancellation of is	sued shares,	
(if not	applicable, indica	te N/A)	n not Contained	<u>n enç amenumen</u>	t itsein.	
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The date of each amendment(s) adopti	on:10 25 21	, if other than the
date this document was signed.	, ,	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment fi	ile dater
Note: If the date inserted in this block document's effective date on the Departi	does not meet the applicable statutory filing requient of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
 The amendment(s) was/were adopted action was not required. 	by the incorporators, or hoard of directors without	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for ent for approval.	the amendment(s)
☐ The amendment(s) was/were approve must be separately provided for each	d by the shareholders through voting groups. The voting group entitled to vote separately on the am	following statement rendment(s):
"The number of votes cast for t	ne amendment(s) was/were sufficient for approval	
by	(voting group)	•
Dated /O/Z Signature (By a directive selected, by	or, president or other officer – if directors or office an incorporator – if in the hands of a receiver, trus duciary by that fiduciary) AAA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	stee, or other court