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| (Re | equestor's Name) | | | |
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| PICK-UP | WAIT MAIL | | | |
| (Bu | usiness Entity Name) | | | |
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| Certified Copies | Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TOMAN STATE OF SOLITION OF SOL NAME OF CORPORATION: Bernadette G Garabed PH DOCUMENT NUMBER: POLOOO14613 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company City/ State and Zip Code ne le bullie Coa a hotmail. eou address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **□\$43.75** Filing Fee & □\$52.50 Filing Fee ★ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

| Contract of the second | i Majori |
|------------------------|-------------|
| | Q. |

| | | T. |
|---|--|---------------------------------------|
| (Name of Corporation as o | currently filed with the Florida Dept. of State) | ربي |
| Bernadette G Garabe | umber of Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation: | tes, this Florida Profit Corporation adopts the followin | g amendment(s) |
| A. If amending name, enter the new name of the corpora | | |
| name must be distinguishable and contain the word "corpora "Inc.," or Co.," or the designation "Corp." "Inc," or " "chartered," "professional association," or the abbreviation | Co., A professional corporation name musi comuc | _The new on "Corp.," n the word |
| 3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS | N/A | |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | _N/A | |
| If amending the registered agent and/or registered off new registered agent and/or the new registered office | fice address in Florida, enter the name of the address: | |
| Name of New Registered Agent N/A | | _ |
| | lorida street address) | - |
| New Registered Office Address: | , Florida | |
| | (City) (Zip (| Code) |
| New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fo | d Agent: amiliar with and accept the obligations of the position. | |
| N/A Signature o | of New Registered Agent, if changing | - |

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:

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.

| X Change | <u>PT</u> | John Doe | | | |
|-------------------------------|--------------|-------------|------------------|-----------------|----------|
| X Remove | <u>v</u> | Mike Jones | NIA | | |
| <u>X</u> Add | <u>sv</u> | Sally Smith | 147 | | |
| 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 | | <u> </u> | | | |
| Add | | | | | |
| Remove | | | | | |
| 4) Change | | | - | | |
| Add | | | | | |
| Remove | | | | | |
| 5) Change | | | | | <u>-</u> |
| Add | | | | | |
| Remove | | | | | |
| 6) Change | | | | | |
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| Remove | | | | | |

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| an amendment pi | rovides for an exc | hange, reclassif | ication, or can | cellation of issi | ied shares, | |
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| The date of each amendment(s) adoption: | au 1,2020 | , if other than the |
|--|--|--|
| date this document was signed. | | |
| Effective date <u>if applicable</u> : | no more than 90 days after amendment f | île date) |
| Note: If the date inserted in this block does not n document's effective date on the Department of Sta | meet the applicable statutory filing requate's records. | tirements, this date will not be listed as the |
| Adoption of Amendment(s) (CHEC | CK ONE) | |
| ☑ The amendment(s) was/were adopted by the inco- action was not required. | corporators, or board of directors withou | t shareholder action and shareholder |
| ☐ The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app | areholders. The number of votes cast for proval. | r the amendment(s) |
| ☐ The amendment(s) was/were approved by the sh must be separately provided for each voting gro | hareholders through voting groups. The oup entitled to vote separately on the an | following statement nendment(s): |
| "The number of votes cast for the amendr | nent(s) was/were sufficient for approval | |
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| Dated | 7-20 | |
| | | |
| Signature (By a director, presiden | nt or other officer – if directors or office orator – if in the hands of a receiver, trus | rs have not been |
| appointed fiduciary by | | |
| Joseph | h Garabed | |
| (Ty) | ped or printed name of person signing) | |
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