P18 000025329

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





200356523932

12/16/20--01011--024 ++85.00

15 5 8:17

Anund

FED 0 1 2021 I ALBRITTON

COVER LETTER

Division of Corp	•	3					
NAME OF CORPO	RATION: NG5 ENTERPRIS	ES CORP					
DOCUMENT NUM	BER: P18000025329						
The enclosed Articles	of Amendment and fee are su	bmitted for filing.					
Please return all corre	spondence concerning this ma	tter to the following:					
	NATHAN KAMINSKY						
	Name of Contact Person NG5 ENTERPRISES CORP						
		Firm/ Company					
	5451 LEE ST UNIT 4						
		Address					
	LEHIGH ACRES, FLORIDA	A 33971					
		City/ State and Zip Code	2				
	OFFICE@BEST-INVESTIN	G.COM					
	E-mail address: (to be us	sed for future annual report	notification)				
For further information	on concerning this matter, pleas	se call:					
NATHAN KAMINS	KY	at (955-3704				
Name	of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for	or the following amount made	payable to the Florida Depa	urtment of State:				
S35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
An Div P.C	iling Address tendment Section ision of Corporations). Box 6327 lahassee, F1, 32314	Amenc Divisio The C 2415 !	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assec, FL 32303				

Articles of Amendment to Articles of Incorporation of

Corporation as currently filed with	the Florida Dept. of State)
e corporation as currently med with	The Five day of the Five day o
(Document Number of Corporation	on (if known)
1006, Florida Statutes, this <i>Florida Pro</i>	ofit Corporation adopts the following amendment(s)
ime of the corporation:	
	The new
"orp," "Inc," or "Co". A profession	or "incorporated" or the abbreviation "Corp" nal corporation name must contain the word
	[~]
_ 	
	rda, enter the name of the
NATHAN KAMINSKY	. : cn
4016 NE 22ND AVE	
CAPE CORAL	, 33909
(City)	, Florida(Zip Code)
	ame of the corporation: The word "corporation." "company," of Corp." "Inc." or "Co". A profession or the abbreviation "P.A." if applicable: TREET ADDRESS icable: OFFICE BOX) icable: NATHAN KAMINSKY 4016 NE 22ND AVE (Florida street address)

Signature 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)

6) ____ Change

Aaa

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 PT John Doe X Remove Mike Jones X Add SV Sally Smith Address Type of Action Title Name (Check One) DEREK R HOOKER 205 NW 1st Street **MGR** 1) ____ Change Cape Coral, FL 33993 __ Add ____ Remove 2) ____ Change ____ Add Remove 3) Change ____ Add ____ Remove 4) ____ Change ____ Acd __ Remove 5) ____ Change ____ Aaa ____ Remove

LAnn	nending or adding additional Articles, e ch additional sheets, if necessary). (Be.	specific)		
(Aua	en additional sneets, if necessary). (Be	кресіліс)		
		· · · · · · · · · · · · · · · · · · ·		
				,
				
<u>_</u>				
				·
<u>If an</u>	amendment provides for an exchange,	reclassification, or c	ancellation of issued sh	are <u>s,</u>
pro	visions for implementing the amendmen (if not applicable, indicate N/A)	it if not contained in	the amendment itself:	
	(3 up)			
	·			
				
			· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s date this document was signed.) adoption:	if or	ther than th
Effective date <u>if applicable</u> :			
	(no more than 90 days	s after amendment file date)	——·
Note: If the date inserted in thi locument's effective date on the		statutory filing requirements, this date will not be	listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were action was not required.	adopted by the incorporators, or board	of directors without shareholder action and shareho	older
The amendment(s) was/were by the shareholders was/were		aber of votes cast for the amendment(s)	
	approved by the shareholders through for each voting group entitled to vote s	voting groups. The following statement separately on the amendment(s):	
"The number of votes c	ast for the amendment(s) was/were suf	ficient for approval	
by			
	(voting group)		
12/07/20 Dated		-	
Signature			
solo	a director president or other officer – i eted, by an incorporator – if in the hand ointed fiduciary by that fiduciary)		
	NATHAN KAMINSKY		
	(Typed or printed name	of person signing)	_
	PRESIDENT		

(Title of person signing)