P19000072325

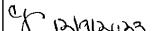
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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Excaliber Group Inc 149000072325 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kaitlyn DeStaven Name of Contact Person Emerald Coast Commerce Firm/ Company 702 Elise Ln Address Destin, FL 32541 City/ State and Zip Code kdestaven@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (_____) 585-4333 Area Code & Daytime Telephone Number Kairlyn DeStaven Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S52.50 Filing Fee ☐\$43.75 Filling Fee & □\$43.75 Filing Fee & \$35 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 Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment Articles of Incorporation

of

Excaliber Group Inc			20231.1 20 7 8:
(<u>Name o</u>	f Corporation as current	y filed with the Florida I	Dept. of State)
P19000072325			
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporatio	m adopts the following amendment(
A. If amending name, enter the new na	me of the corporation:		
Emerald Coast Commerce Inc			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Co"	 professional corporation 	ted" or the abbreviation "Corp ,"
D. Patara and animal office address	if applicable	N/A	
B. Enter new principal office address, Principal office address <u>MUST BE A S</u>	<u>trappicame:</u> TREET ADDRESS)		
. 3			
C. Enter new mailing address, if appli	cable:	N/A	
(Mailing address <u>MAY BE A POST</u>)	VERICE BOX		
D. If amending the registered agent an	d/or registered office add	lress in Florida, enter the	e name of the
new registered agent and/or the nev		<u>8:</u>	
Name of New Registered Agent	N/A		
	(Florida s	reet address)	
New Registered Office Address:	N/A		, Florida
		(City)	iZip Code)
			,
New Registered Agent's Signature, if c	hanging Registered Agen	<u>t:</u>	
I hereby accept the appointment as regis	tered agent. – Lam familiar	with and accept the oblig	ations of the position.
	_	40.1	
	Signature of New	Registered Agent, if chang	link

Check if applicable

 \Box 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 Doc 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 Doc, PT as a Change Mike Jones, V as Remove, and Sally Smith. SV as an Add.

Example: X Change	<u>pr</u> <u>Jo</u>	hn Doe	
X Remove	<u>v</u> <u>M</u>	ike Jones	
<u>X</u> Add	<u>SV</u> <u>Sa</u>	dly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change		N/A	
Add			
Remove 3) Change		N/A	
Add			
Remove			
4) Change		N/A 	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

·	
If an amendment provides for an exchange, reclassification, or cancellation of issued st	nares,
provisions for implementing the amendment if not contained in the amendment itself:	<u>.</u>
(if not applicable, indicate NA)	
4	
•	

	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		············
	(no more than 90 days after amendment file date	1
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requiremen Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the am sufficient for approval.	endment(s)
	pproved by the shareholders through voting groups. The following cach voting group entitled to vote separately on the amendment	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	<u></u> ;	
	(voting group)	
11/14/20 Dated	2.3	
Signature	Hour Do Stur	
selec	director, president or other officer – if directors or officers have ted, by an incorporator – if in the hands of a receiver, trustee, or inted fiduciary by that fiduciary)	
	Kaitlyn DeStaven	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	