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Special Instructions to	Filing Officer:	
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FILED
SECRETARY OF STATE
OF CORPORATIONS

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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
1001	nate 441/Inc.	
DOCUMENT NUMBER: PALL	10000000000000000000000000000000000000	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Reju 1235/ Laude	Sandra Cenea Name of Contact Person  LVENATE 441  Firm/ Company  JW 40+h  Address  Hill, FL 333  City/ State and Zip Code  ate 441 @ amail sed for future annual report notificat	tvenue 13
For further information concerning this matter, plea	se call:	
Kassandra Ceneas Name of Contact Person	at ( 954 ) 8	16-1778
Name of Confact Person	Area Code & Day	time rerephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of	f State:
\$35 Filing Fee	Certified Copy Cert (Additional copy is Cert enclosed) (Add	.50 Filing Fee ificate of Status ified Copy litional Copy nclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Secondivision of Cor The Centre of 2415 N. Monr	ction porations

Tallahassee, FL 32303

## Articles of Amendment

to

## Articles of Incorporation

rs f

Renver	ate 441 Inc.
(Name of Corporation as currently	filed with the Florida Dept. of State)
P21001	DD88606
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp." professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	•
(muting dutiess MAT DE ATOST OFFICE DOS)	
	•
D. If amending the registered agent and/or registered office addr	
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
	<u></u>
(Florida stre	et address)
New Registered Office Address:	, Florida
•	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	egistered 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 Do	<u>)e</u>				
X Remove	<u>V</u>	Mike Jo	one <u>s</u>				
X Add	<u>sv</u>	Sally St	<u>nith</u>				
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			<u>Addres</u> s	
1) Change	Direc-	<u>t</u> or	Merv	yn Rol	out Ad	Lauderhill	IW 4 oth Are
Add				1		Lauderhill	FL 33313
Remove							
2) Change					<del>.</del>		
Add							
Remove 3) Change				·			
Add						·	
Remove							<del></del>
4) Change						<u></u>	
Add							
Remove							
5) Change		_					
Add							<del></del>
Remove							
6) Change				<del></del> ,			
Add							
Remove							

Attach additional shee	eg additional Articles, enter cha ets, if necessary). (Be specific)		NIA	
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If an amendment pro	ovides for an exchange, reclass	ification, or cancell	ation of issued shares,	
(if not applicable	ementing the amendment if not e, indicate N/A)	contained in the a	menumem asen:	
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The date of each amendment(s) adoption:  date this document was signed.  Solution:  Solu
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 incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by Kassandra Cenerals
(voting group)
Dated 8 2 2022
Signature Kanandia Cene ces
(By a director, president or other officer – if directors or officers 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)
CEO/Owner (Title of person signing)
(Time of heret in grants)