P21000014544

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRYBER TNC, IN	NC.		
	IBER: P21000014544			
	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	CARLOS A. MALDONADO)		
		Name of Contact Person	1	
	DRYBER TNC, INC.			
		Firm/ Company		
	640 SW 145TH ST			
		Address		
	OCALA, FL 34473			
		City/ State and Zip Cod	e	
	dryber2021@gmail.com			
		sed for future annual report	notification)	
For further informat	ion concerning this matter, plea-	se call:		
CARLOS A. MALDONADO		at (873-8953	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S\$2.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

FILED 2021 MARY -3 PM 31 55

(Name of Corporation as currently filed with the Florida Dept. of State) ' /

P210	0000	14544	~ U'r;
(r	Document N	umber of Corporation (if	known)
Pursuant to the provisions of section 607,1006, Fits Articles of Incorporation:	'lorida Statu	ites, this <i>Florida Profit Co</i>	orporation adopts the following amendme
A. If amending name, enter the new name of	the corpora	ation:	
name must be distinguishable and contain the wo "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	"Inc," or	'Co". A professional ce	The new corporated" or the abbreviation "Corp.," orporation name must contain the word
B. Enter new principal office address, if appli (Principal office address <u>MUST BE A STREET</u>		Σ)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>E BOX</u>)		
D. If amending the registered agent and/or re new registered agent and/or the new regist			nter the name of the
Name of New Registered Agent			
-		lorida street address)	
New Registered Office Address:			Florida
		(City)	(Lip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	z Registerec ent. – Lam fi	d Agent: amiliar with and accept th	w obligations of the position.
	Signature o	of New Registered Agent,	f 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)

Remove

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	<u>T</u>	CHABRIER, PRISCILLA	640 SW 145TH ST
Add			OCALA, FL 34473
Remove			
2) X Change	<u> </u>	MALDONADO, LEONARDO N	4100 BOBBYS CT
Add			KISSIMMEE, FL 34741
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			<u></u>
5) Change			
Add			
Remove			
6) Change			
Add			

ich additional sheets, if necessary). (Be specific)			
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				<u> </u>

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	. I. 147	1		
amendment provides for an exvisions for implementing the ar	mendment if not con-	ion, or cancenation tained in the amend	i or issued snares, Iment itself:	
(if not applicable, indicate N/A)				
· · · · · · · · · · · · · · · · · · ·				<u>.</u>
				

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this da Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	idopted by the incorporators, or board of directors without shareholder action	on and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.	s)
	approved by the shareholders through voting groups. The following stateme or each voting group entitled to vote separately on the amendment(s):	eni Grand Barrier
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	商量工
by		当時で
02/23/20 Dated	(voting group) 21 Authorite director, president or other officer – it directors or officers have not been	September 1
selec	ted, by an incorporator – if in the hands of a receiver, trustee, or other cour inted fiduciary by that fiduciary)	t
	CARLOS A. MALDONADO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	