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THELAHASSHEE FRANCOA

And -----

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: <u>BETTY</u>	PREW APAR	TMEN	ITS, INC.
DOCUMENT NUMBER: 18245	9		
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
SHARON	LAPLUME (Name of Contact Perso	<del></del>	
	(Name of Contact Perso	n)	
BETTY	(Firm/ Company)	MEN	175, INC.
·	(Firm/ Company)		·
200 NOR	TH BETT	YLA	VE #5B
	(Address)		-
CLEA	RWATER (City/ State and Zip Cod	FL	33755
	(City/ State and Zip Cod	e)	
DANDYLUK	GMAIL.	COM	
E-mail address: (to be used	for future annual report	notification	1)
For further information concerning this matter, please	call:		
PALMER HASTY (Name of Contact Person)	at	727)	223-8433 (Daytime Telephone Number)
(Name of Contact Person	) (Āī	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	utment of !	State:
☐ \$35 Filing Fee ☐\$43.75 Filing Fee &	<b>43</b> .75 Filing Fee &	<b>□\$</b> 52.50	0 Filing Fee
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	enclosed)		tional Copy is
		Enclo	sed)
Mailing Address		Address	
Amendment Section Division of Corporations		lment Secti on of Corpo	
control of contrations	15151210	711 UI CUIJA	лация

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl. 32301

## Articles of Amendment to Articles of Incorporation

FILED

	of	٠ . سه سه
BETTY 1	DREW ADART	MENTSEPREVAH 9:51
(Name of Corporation a	is currently filed with the F	lorida Dept. of State)
	182459	TRULAHASAN DIRAKBA
(Docume	ent Number of Corporation (i	f known)
rsuant to the provisions of section 617.1006, Florid mendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florida Not</i>	For Profit Corporation adopts the following
If amending name, enter the new name of the	corporation:	
		The ne
ame must be distinguishable and contain the word 'Company" or "Co." may not be used in the name.	"corporation" or "incorpore	ited" or the abbreviation "Corp." or "Inc.
Enter new principal office address, if applicab	le:	
rincipal office address MUST BE A STREET AD		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	OX)	
<u></u>		
If amending the registered agent and/or register	ered office address in Flori	da, enter the name of the
new registered agent and/or the new registered		
Name of New Registered Agent:		•
Name of the Register to rigers.		
-		(Florula street address)
New Registered Office Address:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		, Florida
-	(City)	(Zip Code)
	•	•
w Registered Agent's Signature, if changing Reserved agent.		ept the obligations of the position
and the second s		The strict of the fraction
	Signature of New Re	gistered Agent, if changing

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.

Example: X Change	PT Johr	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>ŞV</u> <u>Şall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	SPYRG LAZARIDIS	200 MO. BETTY LANE #6D
Add		70 0	CLEARWHTER FL 33755
Remove	_		
2) Change		SHAPON LAPLUME	200 No. BETTY LANE #5B
Add			CLEARNATER FL 33755
Remove			
3 ) Change			
Add			
Remove			
4) Change	<del></del>		<del> </del>
Add			
Remove			
5) Change		·	
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

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The date of each amendment(s) 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 block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval. 9/18/17	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated 9/85/17	<i>_</i> L
Signature Sharow K. La Plume, Preside	$\underline{\mathcal{J}}$
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
SHARON K. LAPLUME (Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	