259635

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DECRETALLY OF STATE

A. Butter

COVER LETTER

TO: Amendment Section Division of Corpo				
NAME OF CORPOR		cess LAKe 2596	NO. 10, IN	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
-		Name of Contact Person	n	
-		Firm/ Company		
-	Address			
-		City/ State and Zip Cod	e	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
LOIS Name	DOCKMAN t Contact Person	at (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	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mail	ing Address	Street	Address	

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
of

FILED

	01
CUDIESS LAKE	N(), 10 INC 2021 AUG-6 PH 12: 39
Name of Corporation as cur	rently filed with the Florida Dept. of State)
$\gamma < Q$	635 SECRETARY OF STATE
(Document Num	ber of Corporation (if known)
(Document Nam	oci di Corporation (ii known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporatio	<u>n:</u> ,
	J A The new
name must be distinguishable and contain the word "corpo" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," word "chartered," "professional association," or the abbrevia	ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	NIA
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BOX) D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	1411 SE 9 AVC. Apt. #3 Pompana Bal, FL 33060 address in Florida, enter the name of the dress:
Name of New Registered Agent	
	N/IH
(Flori	da street address)
No. 0 - Complete Address	, Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	e <mark>gent:</mark> iliar with and accept the obligations of the position.
Signature of i	New Registered 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 John De	oe	
X Remove	V Mike Jo	<u>ones</u>	
X Add	SV Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change	PI	DAVID Pryor	1411 SE GAVE.
Add			Apt 2.
Remove	ı		Poniparo Bel FL 33060
2) Change	PIIS	lois Speckman	1411 SE 9 Ave.
X Add			Pompano Bely FC 33060
Remove 3) X Change	VP	Don LAvin	1411 SE 9 Ave.
Add			Apt 1
Remove			Pompano Bch, FC 33060
4) Change			
Add			
Remove			<u> </u>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	dding additional Arti sheets, if necessary).	(Be specific)		
		ALLA		

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f an amendment	provides for an exch	nange, reclassification, or	cancellation of issued shall	<u>·es,</u>
(if not applie	nplementing the ame cable, indicate N/A)	ndment if not contained in	the amendment usen:	
	,			
				
				

The date of each amendment(s) adoption:date this document was signed.	<u>& -)-</u>	2021	, if other than the
Effective date if applicable:	8-1-	20.21	
	more than 90 days after amo	endment file date)	
Note: If the date inserted in this block does not mee document's effective date on the Department of State's		iling requirements, this	s date will not be listed as the
Adoption of Amendment(s) (CHECK	<u>ONE</u>)		
The amendment(s) was/were adopted by the shareh by the shareholders was/were sufficient for approximately the shareholders was/were sufficient for approximately the shareholders was/were sufficient for approximately the shareholders was/were adopted by the shareholders was/were sufficient for approximately the shareholders was a shareholder for a shareh		s cast for the amendme	ent(s)
☐ The amendment(s) was/were approved by the share must be separately provided for each voting group			ement
"The number of votes cast for the amendment	t(s) was/were sufficient for a	approval	
by(voting gr		·"	
(voting gr	oup)		
☐ The amendment(s) was/were adopted by the board action was not required.	of directors without shareho	dder action and shareh	older
☐ The amendment(s) was/were adopted by the incorp action was not required.	orators without shareholder	action and shareholder	r
Dated 8 -) - 3	2021		
Signature (C.)	Speckma	r-Presi	ident
	or other officer - if directors		
selected, by an incorporat appointed fiduciary by the	for – If in the hands of a rece at fiduciary)	river, trustee, or other o	court
аррилиев навения, и, ин-			
		KMar	
(Typec	or printed name of person	signing)	
	Presid	ent	
	(Title of nerson signing	01	