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## COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: CAWY BOHLING CO. INC
NAME OF CORPORATION: CAWY BOHLING Co., INC.  DOCUMENT NUMBER: 280155
The enclosed Articles of Amendment and fee are submitted for tilling.
Please return all correspondence concerning this matter to the following:
Josie Cossio Val Hement
Name of Contact Person
Camp Bottlanc Co. In
Firm/ Company
Firm/ Company  2440 NN 21 TERROCE  Address  MINN', FL J3142
Address
m10m1, FL 33142
City/ State and Zip Code
E-mail address: (to be used for future annual report notification
7. That we divest (at the cases for father saminar report not needles)
For further information concerning this matter, please call:
To that the morniation concerning and matter, please can.
Name of Contact Person Henen Area Code & Daytime Telephone Number
Name of Contact Person Hanen Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status   S43.75 Filing Fee Certificate of Status   S43.75 Filing Fee Certificate of Status   Certificate Opy   Certifica
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314  Street Address Amendment Section Division of Corporations Clifton Building Tallahassee, FL 32314  Z661 Executive Center Circle Tallahassee, FL 32361

## Articles of Amendment

		10
Articles	of	Incorporation

of	•			
Com B. 41		7.		
(Name of Corporation as current	ly filed with the W	- ZN (.		
	152	Circui, or State	7)	
(Document Number o				
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:		ration adopts the (	following amend	Iment(s)
A. If amending name, enter the new name of the corporation:	,			
	1/0		<b>411</b>	
name must be distinguishable and contain the word "corporation "Corp." "Inc." or Co.," or the designation "Corp." "Inc," or "word chartered," "professional association," or the abbreviation	I all assessment of	"reorporated" of corporation num	the i r the abbreviai e must contain	iew Ton the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	<del></del>			•••
		15/10	٠	
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C. Enter new mailing address, if applicable:			F 65 2	n
(Mailing address MAY BE A POST OF FICE BOX)			- 55 T	5 =
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<ul> <li>If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address;</li> </ul>	ess in Florida, enter	the name of the		V
Name of New Registered Agent				
	x 10	<u> </u>	<del></del>	
(Florida siree	et address)			
New Registered Office Address:				
	Ciŋ)	, Florida	(Zip Code)	
			,	
New Registered Agent's Signature is a second				
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar wi	th and accept the of	Citians of the new	et en e	
-	i i i i i i i i i i i i i i i i i i i	Tanima by the poal	mon,	
Statistical and March 19		· <del></del>	<del></del>	
ngnature of New Reg	gistered Agent, if char	guig		

address of each Officer (Attach additional sheet: Please note the officer/d P President, V= Vice Executive Officer, CFO held President, Treasur Changes should be noted a change, Mike Jones le Mike Jones, V as Remov	and/or s, if nece. lirector ti Presides chief er, Direc d in the f aves the	ssary) itle by the first letter of the office title. nt; T = Treasurer, S= Secretary; D= Director, TR = Trib Financial Officer - If an officer/director holds more tha	· . C Chairman or Clerk, CEO = Chief · title, list the first letter of each office
Example: $\frac{X}{C}$ Change	<u>PT</u>	John Doe	
$\underline{X}$ Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>i ype of Action</u> (Check One)	<u>Title</u>		U-01628
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Add			MALMETTO BAY, FL
Remove		-	، په / توني 
2) 🔀 Change	f	Von Hancet	7011 50 68 67
Add		Von Hancet	MIMMI, GL 33143
Remove			
i) Change			
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4) Change			
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Add		-	
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6) Change			
Add			
P. marin			

Much additional sheets, if necessary)	(Be specific)	<u>e(s) hore</u> :		
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on amendment provides for an exch	ange, reclassificati	ion, or cancellatio	a alikur .	
ny istony for findicinenting the ame	ndment if not cont:	ained in the amen	Imentas	res,
(if not applicable, indicate N/A)				
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The date of each amendment(s) adoption: O2/25/27 date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amen.)	
Note: If the date inserted in this block does not meet the applicable statutory filing a document's effective date on the Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes e.e.; by the shareholders was/were sufficient for approval.	lment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups must be separately provided for each voting group entitled to vote separately on ti.	w statement intest
"The number of votes cast for the amendment(s) was/were sufficient for appre-	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	sma <b>reholde</b> r
☐ The amendment(s) was/were adopted by the incorporators without shareholder action action was not required.	cholder
Dated	
Signature	
(By a director, president or other officer – if directors or officer selected, by an incorporator – if in the hands of a receiver. ( a appointed fiduciary by that fiduciary)	other court
Joseph Comme	Vas Hencat
(Typed or printed name of person signing	
Parsion	•
(Title of person signing)	