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XX	РНОТОСОРУ				
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XX	FILING	INC	AMEND		
5	555 COLONIAL A	VENUE, IN(OCUMENT #)	C	-	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: 5555 COLONIAL	AVENUE, INC.			
DOCUMENT NUM					
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	itter to the following:			
	ROBERT SALTSMAN				
		Name of Contact Person	n		
	ROBERT P. SALTSMAN, P.A.				
		Firm/ Company			
	P.O. BOX 2146				
	Address				
	WINTER PARK, FL 32790				
	City/ State and Zip Code				
	SHARON@DAVGARINC.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, plea	se call:			
ROBERT SALTSMAN		at (407	647-2899		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	ariment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 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		Amend Divisio The Co	Address Iment Section In of Corporations Entre of Tallahassee V. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

5555 COLONIAL AVENUE, INC. (Name of Corporation as currently filed with the Florida Dept. of State) 345142 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: MANUEL A GARCIA III Name of New Registered Agent 4301 MEETING PLACE (Florida street address) SANFORD New Registered Office Address:

New Registered Agent's Signature, If changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(City)

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.

Example:

X Change	<u>PT</u>	<u>John Doe</u>				
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s			
1) Change	VP	FORREST SINK	PO BOX 947568			
Add			MAITLAND, FL 32794			
X Remove						
2) Change	VP	MELISSA SINK	PO BOX 947568			
A d d			MAITLAND, FL 32794			
X Remove 3) Change	P	MANUEL A GARCIA III	PO BOX 947568			
X Add			MAITLAND, FL 32794			
Remove						
4) Change						
Add			 _			
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

(Attach a	additional sheets,	dditional Articles if necessary). (E	Be specific)	_ _		
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fan am	endment provide	s for an exchang	e, reclassification	i, or cancellation o	of issued shares.	
provisio	ons for implemen	ting the amendm	ient if not contain	ned in the amendr	nent itself:	
(if n	not applicable, ind	licate N/A)				
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The date of each amendment(s) adop	otion:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depa	k does not meet the applicable statutory filing requirements, this date rtment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	ed by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement ch 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		
	(voting group)	
10/6/2021 Dated		
Signature	> Marcia III	
selected, l	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
M	ANUEL A GARCIA III	
_	(Typed or printed name of person signing)	
Pl	RESIDENT	
_	(Title of person signing)	