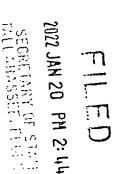


(Requesto	or's Name)		
(Address)			
(Address)			
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PICK-UP	WAIT MAIL		
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Certified Copies	Certificates of Status		
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J. HORNE FEB - 7 2022			

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	e Meniorial Gerdens, Inc.			
DOCUMENT NUMBER: 459 137				
The enclosed Articles of Amendment and fee are s	submitted for filing.			
Please return all correspondence concerning this n	Name of Contact Person			
<i>J</i>				
644 apalac	Firm/ Company Address			
Ulnice, 72 34285 City/ State and Zip Code				
John _ allen _ Tuilliams @ Outlook · Com [E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, ple	ease call:			
Name of Contact Person	at (941) 809. 8/34 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations			
D () D (327	The Contra of Tallahanana			

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

FILED

Articles of Amendment to

Articles of Incorporation of

2022 JAN 20 PM 2: 44

Venice Men	prial Gardens	LINC:	SECRETARY OF STA MALLAHASSEE, FLOR
	e of Corporation as curren	tly filed with the Florida Dep	et, of State)
409107	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 60 its Articles of Incorporation:	07.1006, Florida Statutes, thi	s Florida Profit Corporation u	dopts the following amendment(s) to
A. If amending name, enter the new	name of the corporation:		
name must be distinguishable and conta	-		7he new
name must be distinguishable and conte "Inc.," or Co.," or the designation "chartered," "professional association	"Corp," "Inc," or "Co".	A professional corporation i ,"	name must contain the word
B. Enter new principal office address (Principal office address MUST BE A		Wellie, For	hicola Rd
C. Enter new mailing address, if ap (Mailing address MAY BE A POS	<u>plicable:</u> T OFFICE BOX)	Wenice, 72	thicHa Rd.
D. If amending the registered agent new registered agent and/or the i			me of the
Name of New Registered Ager	(()	Chiesla Rd	
New Registered Office Addres	$\sim L$	(City)	, Florida <u>(34285</u> (Zip Code)
New Registered Agent's Signature, if I hereby accept the appointment as reg			rs of the position.
	Signature of New	Registered Agent, if 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)

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 Doc 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>Pl John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	c Jones	
X Add	SV Sall	y <u>Smith</u>	
Type of Action (Check One)	Title	Name A	<u>Addres</u> s
1) \(\frac{1}{2}\) Change	PD	JOHN A. Williams	644 Apalachicola k Wenier, 70 34285
Add		V	Wenle ,70 3428
Remove	C ~3	12.11.42111	- (1)
2) X Change	STD	Michelle 7. Will ams	644 apalachicola Ra
Add			Venice to 3/285
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<u> </u>
Add			
Remove			
6) Change			
, Add			
Remove			

If amending of (Attach <i>addition</i>	adding additional Ar al sheets, if necessary).	licles, enter chang (Be specific)	<u>(e(s) here</u> :			
NA	-					
/ <u>//</u> /11			·			
				·		
				<u>-</u> •		
		····				
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	. <u></u>					
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		<u> </u>				
If an amendme	nt provides for an exc implementing the am	hange, reclassifica	ation, or cancella	tion of issued sha	ares.	
(if not app	implementing the uni- licable, indicate N/A)	enginent it not çoi	mained in the an	nenament usen:		
NIA						
NIT						·-
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The date of each amendment(s)	doption:	, 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 document's effective date on the D	plock does not meet the applicable statutory filing requirements, epartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without sharehol	der action and shareholder
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amer ufficient for approval.	ndment(s)
	proved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendment(
"The number of votes case	for the amendment(s) was/were sufficient for approval	
ьу	(voting group)	
	(voting group)	
	<i>f. l</i>	
Dated /2/	31/21	
Signature		
(Ву а с	jector president or other officer - if directors or officers have no	
	d, by an incorporator - if in the hands of a receiver, trustee, or off ted fiduciary by that fiduciary)	ner court
appen		
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	