## 590996

(Re	questor's Name)	
(Add	dress)	
(1)		
(Adi	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
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ertified Copies	Certificates	s of Status
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Special Instructions to I	Filing Officer:	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Apico International	I, Inc.		
DOCUMENT NUM				
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Lillian B. Phillips			
		Name of Contact Person	1	
		Firm/ Company		
	625 Hickory Hammock Rd.			
		Address		
	Lake Wales, FL 33859			
		City/ State and Zip Code	2	
For further information	E-mail address: (to be us on concerning this matter, pleas		notification)	
Lillian B. Phillips		at (863	676-7858	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
An Div P.C	tiling Address tendment Section rision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassec N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Name o	of Corporation as currently	thea with the Fiorian Dept.	or State)
90996			
	(Document Number of C	Corporation (if known)	-
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this FI	orida Profit Corporation ado	pts the following amendment(s) t
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co". A	mpany," or "incorporated" o professional corporation nat	r the abbreviation "Corp.," me must contain the word
B. Enter new principal office address,	if applicable:		. 00
(Principal office address MUST BE A S			
			<del></del>
			99
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			<u>ب</u>
(Maning dauress MAT DE A 1 051	OTTICE BOX		<u> </u>
		<del></del>	
			<u> </u>
D. If amending the registered agent ar		ss in Florida, enter the nam	e of the
new registered agent and/or the ne	<del></del>		
Name of New Registered Agent	Lillian B. Phillips		
	625 Hickory Hammock Rd.		
	(Florida stree	et address)	
	Lake Wales		33859
New Registered Office Address:		 Citv)	Florida (Zip Code)
	10	<i>,)</i>	(ZI) Cour)
New Registered Agent's Signature, if o	hanging Pogistared Agent:		
I hereby accept the appointment as regis		th and accept the obligations	of the position.
	lin BO	Jullin	
	Signature of New Reg	zistered Agent, if changing	<del></del>

Check if applicable

Apico International, Inc.

 $\square$  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>	John Doe		
X Remove	<u>V</u>	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	P	DAVID M. PHILLIPS	625 HICKORY HAMMOCK RD.	
Add			LAKE WALES, FL 33859	
X Remove				
2) Change	VP	EILLIAN B. PHILLIPS	625 HICKORY HAMMOCK RD.	
Add			LAKE WALES, FL 33859	
X Remove 3) Change	V	LILLIAN B. PHILLIPS	625 HICKORY HAMMOCK RD.	
Add			LAKE WALES, FL 33859	
X Remove	P	LILLIAN B. PHILLIPS	625 HICKORY HAMMOCK RD.	
4) Change X			LAKE WALES, FL 33859	
Add Remove				
5)Change				
Add				
Remove				
6) Change			<del></del>	
Add				
Remove				

	Iding additional Articles, en sheets, if necessary). (Be s	pecific)			
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an amendmer	provides for an exchange,	reclassification, or car	scellation of issued sh	ares.	
rovisions for i	nplementing the amendmer	it if not contained in t	he amendment itself:	<del></del>	
(if not appli	able, indicate N/A)				
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	t(s) adoption:	, if other than the
date this document was signed		
Effective date if applicable:	December 3, 2020	<u> </u>
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/we action was not required.	ere adopted by the incorporators, or board of directors without sharehold	ler action and shareholder
	ere adopted by the shareholders. The number of votes east for the amendere sufficient for approval.	dment(s)
	ere approved by the shareholders through voting groups. The following led for each voting group entitled to vote separately on the amendment(	
"The number of vote	es cast for the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
	2020	
Dated Signature 2	Lelia B Phillips	
(I 8	By a director, president or other officer – if directors or officers have no elected, by an incorporator – if in the hands of a receiver, trustee, or other properties of the	
	Lillian B. Phillips	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	President	
	(Title of person signing)	