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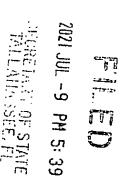
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A. Butter

COVER LETTER

Division of Corporations DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: City/ State and Zip Code For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Conv (Additional Copy enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

is enclosed)

Articles of Amendment

to Articles of Incorporation of

FILED

/	DT Մ Մ Եստ հաստ համ
N/A	2021 HH O DM E- 20
(Name of Corporation as curren	2021 JUL -9 PM 5: 39 htty filed with the Florida Dept. of State)
	SECRETARY OF STATE
(Document Number	of Corporation (if known) ALLAHASSEE, FL
Pursuant to the provisions of section 607.1006, Florida Statutes, thinks Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	N/A The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	A professional corporation name must contain the word
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.	N/A
new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida s	streër address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	
I hereby accept the appointment as registered agent.—I am familiar	r with and accept the obligations of the position.
	11/0
Signature of Nove	Registered Agent, if changing
Signature ty tvew	Meganorea rigeni, y enanging
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.

X Change	PT John Doe		·
X Remove	<u>V</u> <u>Mike Jones</u>		
X Add	SV Sally Smith		
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Address</u> s	
1) Change	TS andrea Tilia	KOS TURNER 474390 E. STRI 20	ර්ථ
Add		Fernandina Beach F	-1
Remove		32034	
2) K Change	PTS Judit H. Tu	RNER 474890 E. St Rd 200)
Add		Fernanding Back 2	Ì
Remove 3.1 Change		<u>3</u> 2034	
Add			
Remove		<u> </u>	
4) Change		·	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		·	
Add			
Remove			

. It amending or adding adding (Attach additional sheets, if near	ional Articles, enter change(s) here: cessary). (Be specific) /
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	and the second of the second o
or provisions for implementing	or an exchange, reclassification, or cancellation of issued shares, g the amendment if not contained in the amendment itself:
(if not applicable, indicate	te N/A)
	x/ /A
	
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The date of each amendment(s) adoptio	n:	, if other than the
date this document was signed.	-0-	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file da	rte)
Note: If the date inserted in this block d document's effective date on the Departme	oes not meet the applicable statutory filing requirement 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 baction was not required.	y the incorporators, or board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were adopted b by the shareholders was/were sufficien	y the shareholders. The number of votes cast for the a t for approval.	amendment(s)
	by the shareholders through voting groups. The followoting group entitled to vote separately on the amendm	
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	<u>~</u>	
	(voting group)	
Dated	6-2021	
selected, by a	president or other officer – if directors or officers have a incorporator – if in the hands of a receiver, trustee, of iciary by that fiduciary)	
_<	Oudeth HuDkins Turne (Typed or printed name of person signing)	FR
	PRESIDENT (Title of person signing)	