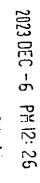
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: 214 Enterprises, 1	nc.		
DOCUMENT NUM				
The enclosed Articles	of Amendment and fee are st	abmitted for filing.		
Please return all corre	spondence concerning this m.	atter to the following:		
	Marcia L. Hall			
		Name of Contact Pers	on	
	214 Enterprises, Inc.			
		Firm/ Company		
	7224 Lazy Bone Road			
	Address			
	Keystone Heights, Florida 32656			
	City/ State and Zip Code			
	gatorgirl50@gmail.com			
		sed for future annual repor	rt notification)	
for further informatio	n concerning this matter, plea	se call:		
Marcia L. Hall		at (352	235-2242	
Name of Contact Person		Area Code & Daytime Telephone Number		
inclosed is a check fo	r the following amount made	payable to the Florida Dep	partment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 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		Amen Divisi	Address dment Section on of Corporations entre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

214 Enterprises, Inc.				
(<u>Name</u>	of Corporation as curren	ntly filed with the Florida Dept. of State)		
1127165				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 60' its Articles of Incorporation:	7.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new i	name of the corporation:			
name must be distinguishable and contai "Inc.," or Co.," or the designation " "chartered," "professional association,	"Corp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		7224 Lazy Bone Road		
		Keystone Heights, Florida 32656		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7224 Lazy Bone Road		
		Keystone Heights, Florida 32656		
		2023		
D. If amending the registered agent a new registered agent and/or the ne	nd/or registered office add w registered office addres	dress in Florida, enter the name of the		
Name of New Registered Agent	Marcia L. Hall			
	7224 Lazy Bone Road			
	(Florida et	trant indivine)		

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

New Registered Office Address:

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

Keystone Heights

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 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>PT</u> <u>Joh</u>	n Dog	
X Remove	<u>V</u> <u>Mil</u>	ce Jones	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	<u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PVSTD	Michael D. Annis	3314 Mullen Avenue
Add			Tampa, FL 33609-4658
X Remove			
2) Change	PSTD	Marcia L. Hall	7224 Lazy Bone Road
XAdd			Keystone Heights, Florida 32656
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<u> </u>
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additiona	idding additional Arti I sheets, if necessary).	(Be specific)	,		
/A					
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If an amandman	t provides for an exch	onas radar ificutio	on or concellation o	of icenad charac	
provisions for i	mplementing the ame	ndment if not conta	ined in the amendo	nent itself:	
(if not appli	cable, indicate N/A)	-			
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723	October 11, 2023	
The date of each amendment(s) adop date this document was signed.	fion:	_, if other than the
Effective date if applicable:		
·	(no more than 90 days after amendment file date)	· · · ·
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will ament of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted action was not required.	I by the incorporators, or board of directors without shareholder action and s	hareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes east for the amendment(s) ent for approval.	
☐ The amendment(s) was/were approve must be separately provided for each	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
by		
	(voting group)	
December 5, 20 Dated	23	
Signature	arcia Lall	
selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)	
Mar	cia 1 Hall	
	(Typed or printed name of person signing)	

(Title of person signing)

PSTD