J86225

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Amend

DEC 27 TOTS
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	AME OF CORPORATION: JUDDSON ENTERPRISES, INC.						
DOCUMENT NUMBER:	J86225						
The enclosed Articles of Amenda	ent and fee are submitted for filing.						
Please return all correspondence	oncerning this matter to the following:						
	MATTHEW LAWTON						
	Name of Contact Person						
	JUDDSON ENTERPRISES, INC.						
	Firm/ Company						
2130 ANDREA LANE, SUITE A							
	Address						
FYORT MYERS, FL 33912							
	City/ State and Zip Code						
	canvasdeco@aol.com						
E-ma	address: (to be used for future annual report notification)						
For further information concerning	. 220 422 2225						
Name of Contact							
Enclosed is a check for the follow	ng amount made payable to the Florida Department of State:						
_	75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)						
Mailing Addre Amendment Se Division of Cot P.O. Box 6327 Tallahassee, FL	ion Amendment Section orations Division of Corporations The Centre of Tallahassee						

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

JUDDSON ENTERPRISES, INC.

(Name of C	orporation as currently	filed with the Florida Dep	t. of State)		
J86225					
	(Document Number of C	Corporation (if known)			
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this <i>Fl</i>	orida Profit Corporation a	dopts the following	ig amendi	ment(s) to
A. If amending name, enter the new name	of the corporation:				
				<u> </u>	ew
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Corp "chartered," "professional association," or	," "Inc," or "Co". A p				
B. Enter new principal office address, if a (Principal office address MUST BE A STRI			.		-
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)			SEURE IARY L	2019 NOV 25 P	FILE
D. If amending the registered agent and/or new registered agent and/or the new re		ss in Florida, enter the nai	me of the	PM 2: 1	D
Name of New Registered Agent	MATTHEW LAWIO	1	() A:	ີ້ທີ	
	350 COCOHATCHE	E DR., NAPLES, FL	34110	_	
_	(Florida stree	t address)		_	
New Registered Office Address: 21	30A ANDREA LANE,	FT- MYERS-	. Florida <u>+33</u>	912	-
	(()	Σίη)	(Zip	Code)	
New Registered Agent's Signature, if chan I hereby accept the appointment as registered		th and accept the obligation	s of the position.		
	Signature of New Reg	istered Agent, if changing		_	

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:

(Attach additional sheets, if necessary). (Be specific)

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.

Mike Jones, V as Remove Example:	e, and Sa	lly Smith, SV as an Add.	
X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PD	ROBERT J. LAWTON	8410 RIVIERA AVE., FT.MYERS 33919
Add			
X Remove			
2) X Change	_SD	MATTHEW J. LAWTON	350 COCOHATCHEE DR., NAPLES 34110
Add			
Remove 3) Change	PD	MATTHEW J. LAWTON	
X Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change		_	
Add			
Remove			
		Page 2 of 4	
E. If amending or addi	ng additi	ional Articles, enter change(s) here:	

	<u> </u>		
			
			<u> </u>
	 		
			_
			
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provisions for implementing the amend (if not applicable, indicate N/A)	ment it not contained in the amendmen	<u>it itself:</u>	
	<u></u>		
			
	<u> </u>	-	
	Page 3 of 4		
ne date of each amendment(s) adoption:	NOVEMBER 22, 2019		, if other than th
te this document was signed.			
fective date <u>if applicable</u> : 11/	22/19		

document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval (voting group) The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated 11/22/19 Signature (By a director, president of other officer – if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) MATTHEW J. LAWION (Typed or printed name of person signing)

PRESIDENT 'NTRECTOR

(Title of person signing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the