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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: EDGEL	PATER GARA	GE, INC.		
DOCUMENT NUMBI	ER: <u>193</u>	649			
The enclosed Articles of	f Amendment and fee are so	abmitted for filing.			
Please return all corresp	ondence concerning this ma	atter to the following:			
_		MYRON HAMI	MOND		
	Name of Contact Person				
_	EDGEWAT	ER GARAGE,	INC.		
EDGEWATER GARAGE, INC.					
_	2033 S R	IDGENOOD A	VE		
		Address			
_	EDGEWAT	ER FL 3	2141-4220		
		City/State and Zip Cod	e		
	MYZONIHA Q A C. COM				
E-mail address: (to be used for future annual report notification)					
For further information (concerning this matter, plea	se call:			
	240MMAH MOS	2 at 386) 527 - 9199 de & Daytime Telephone Number		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
Contraction of the contraction o	Maragania a A				
S35 Filing Fee	X\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy	□\$52.50 Filing Fee		
	Certificate of Status	(Additional copy is	Certificate of Status Certified Copy		
		enclosed)	(Additional Copy		
		•	is enclosed)		
Mailing Address		Street	Address		
	Iment Section	Street Address Amendment Section			
	on of Corporations		n of Corporations		
	ox 6327	The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

EPGEWATER	2 CRARAGE, INC.	
(Name of Corporation as currently	y filed with the Florida Dept. of	State)
J930L		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts	s the following amendment(s) t
A. If amending name, enter the new name of the corporation:		
NOT APPLICA		The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	762
(Time party) (Time and the state of the stat		<u> </u>
C. Enter new mailing address, if applicable:	1	9
(Mailing address MAY BE A POST OFFICE BOX)	N/A	
		= =
		, 6
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:		f the
Name of New Registered Agent NOT A	APPLICABLE	
(Florida stre	vet address)	
New Registered Office Address:	, Flo	orida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w		the position.
h \	1 A	
Signature of New Re	egistered Agent, if changing	······································
a		

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)

Example:

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 I	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u> :	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	PD	MYRUN HAMMOND	1980 WATERFORD ESTLYES DR.
Add			NEW SMYRNA BEACH, FL 32168
Remove			
2) X Change	VD	CHOMMAH WAHTTAM	1980 WATERFORD ESTATES DR
Add			NEW SMYRNA BEACH, FL 3216E
Remove 3) Change	SID	DANIELLE RUBINSUN	1980 WATERFURD ESTATES DR
X Add			NEW SMYRNA BEACH, FL 32168
Remove			-
4) Change			****
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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Attach additional sheets, if necessary). (Be					
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an amendment provides for an exchange	, reclassification,	or cancellation	of issued share	es.	
rovisions for implementing the amendme	ent if not contain	ed in the amend	ment itself:		
(if not applicable, indicate N/A)					
Co or appropriate treating					
			-		
					
					,

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The date of each amendment(s) ac	loption:	
date this document was signed.		
Effective date if applicable:	MAY 15, 2020 (no more than 90 days after amendm	
	(no more than 90 days after amendm	ent file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing partment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☑ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors with	thout shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes car flicient for approval.	st for the amendment(s)
	roved by the shareholders through voting groups. each voting group entitled to vote separately on th	
"The number of votes cast	for the amendment(s) was/were sufficient for appr	oval
by	,	:
	(voting group)	
Signature (By a di selected	rector president or other officer – if directors or of the hands of a receiver ed fiduciary by that fiduciary) MYRON HAMMON	trustee, or other court
	(Typed or printed name of person signi	ng)
	PRESIDENT DIRECTOR (Title of person signing)	