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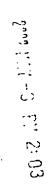
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: STRICTLY REPT	ILES, INC.			
DOCUMENT NUM					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	MICHAEL VANNOSTRAN	D			
	APPL APPL APPL APPL APPL APPL APPL APPL	Name of Contact Person			
	STRICTLY REPTILES, INC				
	Firm/ Company				
	6450 STIRLING ROAD Address HOLLYWOOD FLORIDA 33024				
i					
		City/ State and Zip Code			
	SREPTILESMIKE@AOL.C	OM			
	E-mail address: (to be us	sed for future annual report i	iotification)		
For further information	on concerning this matter, pleas	se call:			
MICHAEL VANNOSTRAND		954 at (\$68-0661		
Name of Contact Person		Area Cod	e & Daytime Telephone Number		
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	rtment of State:		
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status		
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314	Division The Ce 2415 N	Address nent Section of Corporations of Tallahassee Monroe Street, Suite 810 ssee, FL 32303		

Articles of Amendment to Articles of Incorporation of

TRICTLY REPTILES,INC.	f	
	tly filed with the Florida Dept. of Si	tate)
12950		,
(Document Number of	of Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	s Florida Profit Corporation adopts t	he following amendment(s)
. If amending name, enter the new name of the corporation:	,	
	N/A	The new
ame 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.	A professional corporation name n	abbreviation "Corp.," nust contain the word
. Enter new principal office address, if applicable:	ı	
Principal office address MUST BE A STREET ADDRESS)	V/A	<u>ان</u> پیس <u>ان</u>
	1- 1-1	
		, û
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	<i>N//</i> }	
	/	·
. If amending the registered agent and/or registered office ado	dress in Florida, enter the name of (<u>the</u>
new registered agent and/or the new registered office addres	<u>ss:</u>	
Name of New Registered Agent		
	NA	
(Florida si	treet address)	
New Registered Office Address:	. Flori	da
	(City)	(Zin Coola)

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 = Chie, 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.

X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	S	ALEXIS PITTENDREIGH	1450 SW 130TH AVENUE
X Add			DAVIE, FLORIDA
Remove			33325
2) Change			
Add			
Remove 3) Change			()
Add			<u> </u>
Remove			- w
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	
	
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f an amendment provides for an exchange, reclassification, or cancell:	ation of issued shares,
provisions for implementing the amendment if not contained in the ar (if not applicable, indicate N/A)	mendment itself:
(g managamana, mateux)	
NA	
	

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APRIL 27TH ,2022 The date of each amendment(s) adoption: _ _____, if other than the date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ 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 MICHAEL VANNOSTRAND (voting group) APRIL 27TH, 2022 Dated Signature (By a director, president or 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) MICHAEL VANNOSTRAND (Typed or printed name of person signing) PRESIDENT AND TREASURER (Title of person signing)