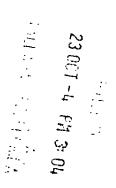


(Requestor's Name)
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10/04/23--01016--018 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: 1617 SW 30th TOYIUCE LIC							
DOCUMENT NUMBER: 14 0000 22 902							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Goorge Hoover Name of Contact Person							
Firm/ Company							
1935 SW 3rd Ave							
Cope Coral SI 33991 City/ State and Zip Code							
Email address: (to be used for futyre annual report notification)							
For further information concerning this matter, please call:							
Goorge Hoover at 970 261-0023 Name of Contact Person Area Code & Daytime Telephone Number							
inclosed is a check for the following amount made payable to the Florida Department of State:							
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certificate of Status (Additional copy is challenged) (Additional Copy is enclosed)							
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee							

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to
Articles of Incorporation

	tly filed with the Florida Dept. of State)
1617 SW 30th Terrace	407-40
(Name of Corporation as current	tly filed with the Florida Dept. of State)
L 14 0000 22 902	iv med with the Florida Dept. of State)
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
1716 SW 30 th Torres	1.7
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."	company," or "incorporated" or the abbreviation "Corp."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1935 SW 3 rd AVR
)	1935 GW 3 rd Ave Cape Coral, fl 33991
2	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
If amending the registered areas	
If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	t address)
New Registered Office Address:	,
	(ity) , Florida
	(29 conty
Doring Designation	
ew Registered Agent's Signature, if changing Registered Agent: tereby accept the appointment as registered agent. I am familiar with	h mad a constant of the constant
	and accept the obligations of the position.
Signature of New Regi	stered Agent, if changing
reek if annicable	

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.

Example:

X Change	<u>PT</u>	<u>John Do</u>	<u>эе</u>		
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	NIA	
X Add	<u>\$V</u>	Sally Sr	nith	/ \	
Type of Action (Check One)	Title		Name	,	Address
1) Change		_		-	
Add					
Remove					
2) Change		_			
Add					
Remove 3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_	<u></u>		
Add					
Remove					
6) Change					
Add					
Remove					

(Attach additional	adding additional Articles, enter of sheets, if necessary). (Be specif	enange(s) here: lc)		
	NA		-	
	,			
		•		
f an amendmer	t provides for an exchange, reclas	ssification, or cancellati	on of issued shares.	
provisions for i	mplementing the amendment if n cable, indicate N/A)	ot contained in the ame	ndment itself:	
	MA_			

.

The date of each amendment(s) adoption:
date this document was signed, if other than the
Effective date if applicable:
(no more than 90 days after umendment 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 east 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
by
by
Signature
(Typed of printed name of person signing)
Manager and Rogestered Agent (Title of person signing)