## M97866

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	ORATION: Van Mater Enterpr	ises, Inc.	
DOCUMENT NUM			
	s of Amendment and fee are sul	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Kristin Smith, Esq.		
	Name of Contact Person		
		Firm/ Company	
	55 Barkwood Lane		
	Balm Count El 22127	Address	
	Palm Coast, FL 32137  City/ State and Zip Code		
	kjwalsh215510@gmail.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Kristin Smith, Esq.		at ( 314	637-6002
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made [	payable to the Florida Depa	artment 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 Tallahassee, FL 32314		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Van Mater Enterprises, Inc.		
(Name o	of Corporation as curre	ntly filed with the Florida Dept. of State)
M97866		
	(Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, th	his Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word 4."
B. Enter new principal office address,	if annlicable:	115 Palm Circle
(Principal office address MUST BE A S		Flagler Beach, FL 32136
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		115 Palm Circle
		Flagler Beach, FL 32136
D. If amending the registered agent an new registered agent and/or the new		ddress in Florida, enter the name of the
Name of New Registered Agent	GH Walsh	
	115 Palm Circle	
	(Florida	street address)
New Registered Office Address:	Flagler Beach	, Florida
		(City) (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ent: ir with and accept the obligations of the position.
, , , , , , , , , , , , , , , , , , , ,	(,	t G -1,

## 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>	J <u>ohn Doc</u>	
-			
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Van Mater, Robert H	38 LANDINGS LANE
Add			ORMOND BEACH, FL 32174
X Remove			
2) Change	D	Van Mater, Jane E	38 LANDINGS LANE
Add			ORMOND BEACH, FL 32174
X Remove Change			<u> </u>
Add			
Remove			<del></del>
4) Change			
Add			- <del></del> -
Remove			
5) Change			
Add			
Remove			
6) Change			<del>-</del>
Add			<del></del>
Remove			

	mending or adding additional Articl ach additional sheets, if necessary).	(Be specific)
	944	
	-	<u></u>
	······································	
pro	n amendment provides for an excha ovisions for implementing the amen	inge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
	(if not applicable, indicate N/A)	
/A		
		-11

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file	dotei
	the more than 20 days after unachamen jue	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing require Department of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sh	nareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for th sufficient for approval.	e amendment(s)
	pproved by the shareholders through voting groups. The folor each voting group entitled to vote separately on the amen	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
AUGUS	T 17, 2022	
Dated		
Signature	Rober Hanrita	
(By a selec	director, president or other officer – if directors or officers led, by an incorporator – if in the hands of a receiver, trustee inted fiduciary by that fiduciary)	
	Robert H Van Mater	
	(Typed or printed name of person signing)	
	President & Incorporator	
	(Title of person signing)	