## ·N04000001216

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Amend.

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>FOUN ders</u>	Day Flor,	da Style Inc.
	•	( )
DOCUMENT NUMBER: <u>1/04-000 04</u>	216	
The enclosed Articles of Amendment and fee are subn	nitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
Neal Bradfor	d	
	(Name of Contact Perso	n)
	(Firm/ Company)	
170. 1/1		(/ 22/
1700 N. Marioe	(Address)	e/1-221
	(1.1.1.1.1.1)	
Tallahassee	FL. 32	303
Nea (bradford S@ E-mail address: (to be used	GMAN. COM	notification)
		,
For further information concerning this matter, please	Call.	
	:11	
(Name of Contact Person)	(A)	rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Dep	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		Address
Amendment Section		Iment Section
Division of Corporations P.O. Box 6327		on of Corporations entre of Tallahassee
Tallahassee, FL 32314		N. Monroe Street, Suite 810

Tallahassec, FL 32303

## Articles of Amendment to Articles of Incorporation

les of Incorporation of LED

Founders DAV Florida STA	de coc.		
lame of Corporation as currently filed with the F		2020 MAR -9	D 3:
N04000001216			.ر. ا
	t Number of Corporation (if known)		
esuant to the provisions of section 617.1006, Florid endment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida Not For Profit Co</i>	rporation adopts the fe	ollowing
If amending name, enter the new name of the co	orporation:		
			The new
ne must be distinguishable and contain the word "o	corporation" or "incorporated" or the ab	breviation "Corp." or	"Inc."
ompany" or "Co." may not be used in the name.			
Enter new principal office address, if applicable			
incipal office address <u>MUST BE A STREET ADI</u>	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>		
		<u>.</u>	
If amending the registered agent and/or register		name of the	
new registered agent and/or the new registered	office address:		
Name of New Registered Agent:			
_			
New Registered Office Address:	(Florida street ad	dressi	
the meganered conferences.			
		, Florida	
	(City)	(Zip Code)	
w Registered Agent's Signature, if changing Reg			
reby accept the appointment as registered agent.	I am familiar with and accept the obligati	ons of the position.	
	61 0	***	
	Signature of New Registered 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:

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 X Remove X Add	<u>V</u> <u>Mik</u>	n Doe se Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change / Add	T	Johnny Frasier	1700 N. Monroe STRET Suite 11-221 Tall. FL 32303
Remove			
2) Change Add		<del></del>	
Remove 3 ) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add	<del></del>		
Remove			
i. <u>If amending or add</u> (attach additional sh		Articles, enter change(s) here: v). (Be specific)	
			, <u>, , , , , , , , , , , , , , , , , , </u>
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he date of each amendment(s) adoption: ate this document was signed.			, if other than the
ffective date if applicable:			
(no me	re than 90 days after ame	ndment file date)	
ote: If the date inserted in this block does not r	neet the applicable statuto	ry filing requirements, th	ris date will not be listed as the

1 The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

ocument's effective date on the Department of State's records.

doption of Amendment(s)

X	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were
	adopted by the board of directors.
	Dated 03-09-2020
	Signature Heal Buselbro
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Neal Bradford
	(Typed or printed name of person signing)
	Chairman

(Title of person signing)