No LA (Requestor's Name) (Address) 600387038926 (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) 2022 HAY -9 PM 3: 42 (Document Number) Certified Copies ____ Certificates of Status _ Special Instructions to Filing Officer: Office Use Only

> HUL - J 2022 M. SOLOMON

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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: _____

DOCUMENT NUMBER: N05000005627

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Candy Kaplan Name of Contact Person Kruger Tax, Accounting & Forensic Associates PLLC Firm/ Company 7451 Wiles Road - Suite 204 Address Coral Springs Florida 33067 City/ State and Zip Code candy@ktafa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 954 at (____ Candy Kaplan 772-4000 Name of Contact Person Area Code & Davtime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: 🔳 \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 2623 HAY

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(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

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D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

(Zip Code)

__, Florida_

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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)

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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 = Chiej 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: <u>X</u> Change	PT	John Doe	
<u>X</u> Remove	<u> </u>	Mike Jones	
	<u>-</u> <u>sv</u>	Sally Smith	
<u>X</u> Add	<u>3v</u>	Sany Sinun	
<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	Emanuel Gottenger	5350 W Atlantic Avenue
xAdd			Delray Beach FL 33484
Remove			
2) Change	V 	Lawrence Yore	5350 W Atlantic Avenue
Add			Delray Beach FL 33484
X Remove			
Add			63 · · ·
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<u> </u>		
Add			
Remove			

 (Altach ad 	lditional sheets, if necessary). (Be specific)	
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F. If an am	and mont provides for an archange, realization, or concellation of issued shares	
r. <u>II an ana</u> provisio	endment provides for an exchange, reclassification, or cancellation of issued shares	<u>در</u>
(if n	ons for implementing the amendment if not contained in the amendment itself: ot applicable, indicate N/A)	
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The date of each amendment(s) adoption:	, if other than the
Effective date <u>il applicable</u> :	e)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without sharel action was not required.	holder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the an by the shareholders was/were sufficient for approval.	nendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	2922 HA
Dated	-9 PH
Signature (By a director, president or other officer - if directors or officers have selected, by an incorporator - if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
David Bloom	
(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
President	
(Title of person signing)	

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