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| Special Instructions to f | Filing Officer: | |
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COVER LETTER

TO: Amendment Section Division of Corporations

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| NAME OF CORPORATION: JUNIOR | Bull DOSS | |
|---|---|--|
| DOCUMENT NUMBER: NO 7006007 | 901 | |
| DOCUMENT NUMBER: 140 / 00 00 0 / | 101 | |
| The enclosed Articles of Amendment and fee are subr | mitted for filing. | |
| Please return all correspondence concerning this matter | er to the following: | |
| CHIFTON DANIELS | | |
| | (Name of Contact Person) | |
| JUNIOR BULL DOSS | | |
| 9 | (Firm/ Company) | |
| 4400 DOIPHIN DR | | |
| · | (Address) | |
| TAMPA FL 33617 | (City/ State and Zip Code) | |
| , | (City/ State and Zip Code) | |
| MR DANIELS I GOVALLOO. COM E-mail address: (to be used | for future appeal consist not frontion) | |
| E-man address: (to be used | for future annual report notification) | |
| For further information concerning this matter, please | call: | |
| C/1FTON DANIELS (Name of Contact Person | at \$1.3-239.4221 | |
| (Name of Contact Person | (Area Code) (Daytime Telephone Number) | |
| Enclosed is a check for the following amount made pa | yable to the Florida Department of State: | |
| □ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) | |
| Mailing Address | Street Address | |
| Amendment Section Amendment Section | | |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

| _ | of |
|--|--|
| Linior Bull | idogs, Inc. |
| | tly filed with the Florida Dept. of State) |
| N07-790 |) \ |
| (Document Numb | er of Corporation (if known) |
| Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation: | es, this Florida Not For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corporat | <u>ion:</u> |
| | The new |
| "Company" or "Co," may not be used in the name. B. Enter new principal office address, if applicable: | tion" or "incorporated" or the abbreviation "Corp." or "Inc." |
| (Principal office address MUST BE A STREET ADDRESS | |
| | |
| | |
| C. Enter new mailing address, if applicable: | SSE T T |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | |
| | |
| | RAFE 33 |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a | |
| Name of New Registered Agent: Cliff | TON W. DANIELS |
| 4400 | DOIPHIN DR |
| New Registered Office Address: | (Florida street address) |
| TAMA | D Florida 33(e/7 |
| 1.11.42 | (City), Florida 336/7 (Zip Code) |
| New Registered Agent's Signature, if changing Registered | Agent: |
| I hereby accept the appointment as registered agent. I am fa | ignature 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: XChange X Remove A Add | <u>V</u> <u>Mik</u> | n <u>Doe</u> e <u>Jones</u> y <u>Smith</u> | |
|---------------------------------|---------------------|--|-----------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | <u>T</u> | RETHELL OLIVER | 6916 ST JOHN RIVER DR |
| _X_ Remove | | | TAMPA FL 33617 |
| 2) Change | <u></u> | CLIFTON DANIELS | 4400 DOIPHIN |
| Add | | | TAMPA FLESSON |
| 3) Change | | | ASSE I |
| Add | | | 9: 33 FLORRIDA |
| 4) Change | | | DA W |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add Remove | | | |
| 6) Change | | | ··· |
| Add | | | |
| Remove | | | |

| If amending or adding a (attach additional sheets, | if necessary). | (Be specific) | | | | |
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| The date of each amendment(s) adoption: | , if other than th |
|--|--------------------|
| | |
| 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 document's effective date on the Department of State's records. | be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval. | |
| There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. | |
| Signature clypton 2/ Dente | |
| (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) | _ |
| Clifton W. DANIELS (Typed or printed name of person signing) | |
| (Typed or printed name of person signing) | |
| <u>CEO</u> | 19 A PR |
| (Title of person signing) | IL ED |