## N10615

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SECRETARY OF STATE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION: Tall a	Lossee Ho	meownes as	55 ociation. Inc
DOCUMENT NUMB	er: <u>N/06</u> 75		<del></del>	<del></del>
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	ondence concerning this ma	tter to the following:		
-	3028 Talla	Address  hosse  City/ State and Zip &	Fl 3231  on Son Son Son Son Son Son Son Son Son S	
For further information	concerning this matter, pleas	se call:		
Gary Manne o	1. Idletul Contact Person	at ( <u>BB</u>	Code & Daytime Telephon	
Enclosed is a check for	the following amount made	payable to the Florida Do	epartment of State:	
☑ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status	S
Amer Divis	ng Address adment Section ion of Corporations Box 6327	Ame Divis	et Address Indment Section Sion of Corporations Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

6/2

Articles of Amendment

to

Articles of Incorporation

οf

FILED

2023 JAH 10 AH 10: 16

Tellahara Ha	TALL AHASSEE.
(Name of Corporation as currently filed with the Florida De	ept. of State) TALL AHASSEL.
11/1/75	THEE
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statutes amendment(s) to its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation	on:
N	A The name
name must be distinguishable and contain the word "corporatio" "Company" or "Co." may not be used in the name	on" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	3028 Elmucod Rd Tallahosse- Fl 3231
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Tallohosses Fl 3231
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3028 F/MWOND Rd Tallahossee, 17 32317
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of New Registered Agent:	Goil Middleton
New Registered Office Address:	3028 E/Mucod Ad (Florida street address)
	Tallahafa Florida 32317 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered 3. I hereby accept the appointment as registered agent. I am fam.	Agent: ultiar with and accept the obligations of the position.
Sig	nature 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 Sully Smith, SV as an Add.

Example: X Change X Remove A Add	PT         John D           V         Mike Je           SV         Sally S	<u>mes</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	Presdit	Gando Clock	7808 fossic 11.11 Dr. [61/4 huss = FT 3231)
Remove  2) Change Add	V. P Land	Corrison Chris	7808 Pebble 11.11 PM Tallohossey F1 1231 7
Add Remove 3) Change Add Remove	Preset	Cory Middlelon	JO28 Elmwood Dr Tallohouser 17
4)ChangeAdd	ViPing luf	Boinard David	7782 Shady Rost Las Fullohossed, Fla 72317
Remove  5) Change Add	Scouk	of Wagnes Possiz	
Remove 6) Change Add			
Remove			
E. If amending or additional she	ing additional Ar rets, if necessary).	ticles, enter change(s) here: (Be specific)	

			<del></del>
			<del></del>
		<u> </u>	
			<del> </del>
The date of each amendment(s) adoption:date this document was signed.	11/20/2022	<u> </u>	, if other than the
Effective date if applicable: (no			
(no	more than 90 days after amendme	nt file date)	
Note: If the date inserted in this block does not document's effective date on the Department of	of meet the applicable statutory fili of State's records.	ng requirements, this date will n	ot be listed as the
Adoption of Amendment(s) (C	HECK ONE)		
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of ve	otes cast for the amendment(s)	

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 01/10/2023
Signature Long Malos Porto
(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)
(Typed or printed name of person signing)
(Title of person signing)

. . . . . .