MUDUUS SOL

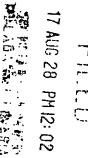
(Re	questor's Name)		
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(JUG 30 2017

COVER LETTER

TO: Amendment Section Division of Corporations DOCUMENT NUMBER: N14000002206 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigsigs \$43.75 Filing Fee & \Bigsigs \$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

(Additional copy is

enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy (Additional Copy is

Enclosed)

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	Articles of Amendment		FILE
	to Articles of Incorporation		
	of 1	,	17 AUG 28 PH
Learn 1a.	mpa 1344	InC.	
(Name of Corporation	as durrently filed with the	lorida Dept. of State)	and and states of the same of the
N 1900000	2206		
(Docum	nent Number of Corporation (i	f known)	
rsuant to the provisions of section 617.1006. Flor endment(s) to its Articles of Incorporation:	ida Statutes, this Florida Not	For Profit Corporation a	dopts the following
If amending name, enter the new name of the	corporation:		
NIA			The new
me must be distinguishable and contain the word		ted" or the abbreviation	
ompany" or "Co." may not be used in the name	: ~ ~ / /	F Roles	- C/ C/
Enter new principal office address, if applical rincipal office address MUST BE A STREET A		E. Daker	57. STC.
rincipai office adaress <u>51031 BE A STREET AI</u>	DIRESS , PIGNT	- City, FL	<i>3356</i> 3
	•	- // ·	<u> </u>
		1	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BON SOME	as above	<u>, </u>
If amending the registered agent and/or regis		la, enter the name of the	1
new registered agent and/or the new registered			
Name of New Registered Agent:	_N/7+		
		(Florida street address)	
New Registered Office Address:			
		, Florida (Zip)	
	(City)	(Zip)	Code)
w Registered Agent's Signature, if changing R			
ereby accept the appointment as registered agent	!. I am familiar with and acce	pt the obligations of the p	osition.
_	Signature of New Res	sistered 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	PT John D V Mike Je SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<u></u>	Amity W. Kokochak	1303 E. Spencer St. Plant City, Fl. 33563
Remove	,		- n = 1 51 1
2) Change	<u>V</u>	Gregory Buckner	504 E. Baker St Ste. 1 Plant City, FL 33563
Remove 3) Change Add	T	Sophia Hyde	504 F. Bakerst. Ste I Plant City, FL 33563
Remove			
4) Change Add			
Remove			· · · · · · · · · · · · · · · · · · ·
5) Change			
Add Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)
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	e date of each amendment(s) adoption:	_N/A-	, if other than the			
	ective date if applicable:	3/24/17				
		o more than 90 days after an	endment file date)			
	e: If the date inserted in this block does ument's effective date on the Department		ory filing requirements, this date will not be listed as the			
Ade	option of Amendment(s)	CHECK ONE)				
ø	The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number	r of votes east 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 (MSUA) =	24, 2017				
	Signature MAGL	lic Iban	12			
			esident or other officer-if directors the hands of a receiver, trustee, or			
		d fiduciary by that fiduciary)	the flands of a receiver, flustee. Or			
	Ange	lica Il	arra			
	J	(Typed or printed nam	e of person signing)			
	Dire	ctor				
	,	(Title of po	rson signing)			