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COVER LETTER

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	SUPPORTERS, INC.		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-			
Please return all correspondence concerning this matte	er to the following:		
DAWN MARIE BROOKS GASS			
	(Name of Contact Person	on)	
DG ACCOUNTING, INC.			
	(Firm/ Company)		
10001 NW 50TH STREET, SUITE 103A			
	(Address)		<u> </u>
SUNRISE FL 33351			
	(City/ State and Zip Co	de)	
PIPERHSMUSIC@GMAIL.COM			
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:		
DAWN GASS		54	881-1923
(Name of Contact Person)) (A	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida Dep	artment of S	State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	cate of Status ed Copy ional Copy is
Mailing Address Amendment Section Division of Corporations	Amen	Address dment Sections on of Corpo	

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

r	153	NGAL	MI	1810	SLIP	$P \cap P$	TERS.	INC
	1.1	NUM	171 (7.5 IV.	വധ	パソル	1053	HV

(Name of Corporatio	n as curre	ntly filed with the Florida Dep	ot. of State)	
N 14000004996				
(Docu	iment Num	ber of Corporation (if known)		
Pursuant to the provisions of section 617.1006. Floamendment(s) to its Articles of Incorporation:	orida Statut	tes, this Florida Not For Profit	Corporation adopts the	following
A. If amending name, enter the new name of th	ie corpora	tion:		
N/A				The new
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam		ation" or "incorporated" or the	abbreviation "Corp."	
B. Enter new principal office address, if applications	able:	N/A		
(Principal office address <u>MUST BE A STREET</u> A)	·	
			{i·	<u> 22</u>
			AL.	I AUG
			>-;	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	ROX)	N/A	7: 7:	2
<u></u>	<u>10071</u>)			A A
			<u> </u>	-
			77 <u>77</u>	
			£3:	. w
D. If amending the registered agent and/or reginew registered agent and/or the new registered.	<u>istered offi</u> rad offica :	ice address in Florida, enter th	e name of the	
new registered agent and/or the new register		MARIE BROOKS GASS		
Name of New Registered Agent:	DAWN	MARIE BROOKS GASS		
	10001 N	W 50TH STREET, SUITE 103A	\	
		(Florida stree	rt address)	
New Registered Office Address				
	SUNRISI	E	, Florida 33351	
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent	Registered nt. I am fa	Agent: omiliar with aud accept the oblig	gations of the position.	
_		Noxuel		
	S	ignature of New Registered Age	ent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 Doe V Mike Jones SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
l) Change	P MCCOLLIN, AMELIA	8000 NW 44TH STREET
Add		SUNRISE FL 33351
X Remove		
2) Change	P THOMPSON, CHARELLE N.	8000 NW 44TH STREET
X Add		SUNRISE FL 33351
Remove		
3) Change	V AIMES, ZONDRA	8000 NW 44TH STREET
Add		SUNRISE FL 33351
X Remove		
4) Change	V JOSEPH, CHERLI	8000 NW 44TH STREET
Add		SUNRISE FL 33351
X Remove		
5) Change	V ROSENBLUTH, JULIE	8000 NW 44TH STREET
Add		SUNRISE FL 33351
X Remove		
6) Changa	S ROBERTS, FANNIE	8000 NW 44TH STREET
6) Change Add		SUNRISE FL 33351
Remove		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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	\underline{V}	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>v</u>	SAMANTHA CORBIN	8000 NW 44TH STREET
X Add			SUNRISE FL 33351
Remove			
2) Change	<u>v</u>	ANGELA JEANNE BENEGAS	8000 NW 44TH STREET
X Add			SUNRISE FL 33351
Remove			
3) Change		N/A	N/A
Add			
Remove			-
4) Change		N/A	N/A
Add			
Remove			
5) Change		N/A	N/A
Add			
Remove			
6) Change		N/A	N/A
Add			
Remove			

(attach additional sheets, if necessary). (Be specific)							
N/A							
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			JUNE 1ST, 2019	
	date of each amen			, if other than the
date	this document was	signed.		
Effe	ective date <u>if applic</u>	JUNE 19 able:	ST, 2019	_
			(no more than 90 days after amendment file date)	
Not docu	e: If the date inserte ament's effective da	ed in this block of te on the Depart	does not meet the applicable statutory filing requirements, this date we ment of State's records.	ill not be listed as the
Ado	ption of Amendme	ent(s)	(<u>CHECK ONE</u>)	
ष	The amendment(s) was/were sufficient	was/were adopto for approval.	ed by the members and the number of votes cast for the amendment(s)
	There are no membadopted by the boa		entitled to vote on the amendment(s). The amendment(s) was/were	
	Dated	7/28/2019		
	Signature	Da	no los	
		have not been se	or vice chairman of the board, president or other officer-if directors elected, by an incorporator – if in the hands of a receiver, trustee, or sinted tiduciary by that fiduciary)	
		DAWN MAI	RIE BROOKS GASS	
			(Typed or printed name of person signing)	
		TREASURE	R	
			(Title of person signing)	