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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	andelstavn	General Parent Ossaria
DOCUMENT NUMBER: <u> </u>	308	
The enclosed Articles of Amendment and fee are sub-	omitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Soncisco Tou	ron III	
,	(Name of Contact Perso	nn)
	(Firm/ Company)	
55 Nerrich W	trif Sunt	e # 406
	·	
Coral Cobies, 71	33134	
	(City/ State and Zip Coc	le)
4 Tourm & TEX	Tlani. Com	7
E-mail address: (to be use	d for future annual report	notification)
For further information concerning this matter, please	e call:	
Mercedis (Ther.	at .	rea Code) (Daytime Telephone Number)
(Name of Contact Persor	n) (A	rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Dep	artment of State:
☐ \$35 Filing Fee		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address		Address
Amendment Section Division of Corporations		Iment Section on of Cornorations

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

	c,	
N14000011308		
(Documen	nt Number of Corporation (if k	iowii)
suant to the provisions of section 617.1006, Florida endment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
If amending name, enter the new name of the co	orporation:	
		The new
ne must be distinguishable and contain the word "company" or "Co." may not be used in the name. Enter new principal office address, if applicable	<u></u>	C or the abbreviation "Corp." or "Inc."
incipal office address <u>MUST BE A STREET ADL</u>	<u>ORESS</u>)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u>X</u>)	7
		E T
		2 L
		P P
If amending the registered agent and/or register	red office address in Florida	enter the name of the
new registered agent and/or the new registered		ည်း ယ
		1
Name of New Registered Agent:		
New Registered Office Address:	(FI	orida street address)
New Registered Office Marcess.		
_		Florida
	(City)	(Zip Code)
w Registered Agent's Signature, if changing Reg ereby accept the appointment as registered agent.	istered Agent:	the obligations of the position.
лену ассеп нас анумпанен аз гезыстей азенс-	, and jaminer and and accept	······································

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.

X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change Add Remove	President Tilfany Pheifel	8530 5W. 57° Am South Man; 71 33143
2) Change Add	President Kent Hercules	8530 SW. 57 Sm
Remove 3) Change Add		
Remove 4) Change Add		
Remove Change Add		
Remove Change Add Remove		

If amending or adding additional Arti attach additional sheets', if necessary).	(Be specific)		
-			_
			
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	-, . .		
			
			
			
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The date of each amendment(s) ad late this document was signed.	loption: Lug 23, 2017	if other than th
Effective date if applicable:	(40.23.2017	
	(no more than 90 days after amendment file date,)
Note: If the date inserted in this blo locument's effective date on the De	ck does not meet the applicable statutory filing requirent partment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for al.	the amendment(s)
There are no members or members adopted by the board of directors.	pers entitled to vote on the amendment(s). The amendments.	ent(s) was/were
Dated Cur	23,2017	
Signature		
have not be	man or vice chairman of the board, president or other of en selected, by an incorporator – if in the hands of a rece appointed fiduciary by that fiduciary)	
	Claudia Mendiz (Typed or printed name of person signing	
		5)
	(Title of person signing)	
	(The or person signing)	