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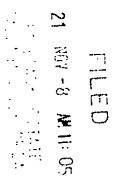
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T. LEMIEUX NOV 29 2021

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATIO		IDA PAGEANT, INC	<u> </u>	
DOCUMENT NUMBER: _	N16000009150			
The enclosed Articles of Ame	endment and fee are sub-	mitted for filing.		
Please return all corresponde	nce concerning this matte	er to the following:		
ROSE TYDUS				
		(Name of Contact Po	erson)	
MS SENIOR FLORIDA PA	GEANT, INC.			
		(Firm/ Company	′)	
1101 Dunad Avenue				
		(Address)		
Opa-locka, Florida 33054				
		(City/ State and Zip	Code)	
info@msseniorflorida.com				
E-	mail address: (to be used	for future annual rep	ort notification	n)
For further information conce	erning this matter, please	call:		
Rose Tydus		at	786-	277-8148
(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pa	ayable to the Florida l	Department of	State:
□ \$35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi S Certifi	O Filing Fee licate of Status licate of Status licate Copy licate
Mailing A	ddress	Str	eet Address	

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

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

MS SENIOR FLORIDA PAGEANT, INC.

(Name of Corporation as currently filed with the	e Florida D	ept. of Stat	<u>e</u>)		
N16000009150					
(Docur	nent Numbe	er of Corpor	ation (if known)		
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Flori</i>	da Not For Profit (Corporation a	adopts the following
A. If amending name, enter the new name of th	e corporati	on:			
ETERNA, Inc.					The new
name must he distinguishable and contain the word "Company" or "Co." may not be used in the nam	•	ion" or "inc	corporated" or the	abbreviation	
B. Enter new principal office address, if applica	ıble:	N/A			
(Principal office address <u>MUST BE A STREET</u> A		,			****
			.		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	N/A			
			. .		
					21
D 16 4 4 4 5 6 6 7 1					
D. If amending the registered agent and/or reginew registered agent and/or the new registered.			n Florida, enter th	e name of th	e: 5 T
	N/A				m co
<u>Name of New Registered Agent:</u>					
			(Florida stree	t nddross)	
New Registered Office Address:			Tribeilla Sirte	((444 / E35)	; S
	N/A			. Florida	a
		(City)		·	Code)
New Registered Agent's Signature, if changing I	Registered	Agent:			
I hereby accept the appointment as registered agen			nd accept the oblig	ations of the	position,
-				. :6 1 :	
	Si	gnature of N	^l ew Registered Age	nı, ij changın _i	g

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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doc Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) N/A Change Add	<u>N/A</u>	N/A	N/A
Remove			
2) Change Add			
Remove 3) Remove			
4) Change Add		-	
Remove			
5) Change Add	-		
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g addition	nal Articles, enter change(s) here: essary). (Be specific)	
N/A			

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			· · · · · · · · · · · · · · · · · · ·
	 		
The date of each amendment(s) ac	loption:		, if other than
date this document was signed.			· · · · · · · · · · · · · · · · · · ·
Effective data if applicables			
Effective date if applicable:	(no more than 90 days after	amendment file date)	
<u>Note:</u> If the date inserted in this blo document's effective date on the De	ck does not meet the applicable st partment of State's records.	atutory filing requirements, t	his 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 approve	lopted by the members and the nual.	mber of votes cast for the am	nendment(s)

Dated	11/2/2021
Signature	(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)
	Rose Tydus
	(Typed or printed name of person signing)
	President
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.