N770000067-62

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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Read. NAME OF CORPORATION:	0 inc			
N170 DOCUMENT NUMBER:	00006762			
The enclosed Articles of Amendment and fee a	re submitted for filing.			
Please return all correspondence concerning thi	s matter to the following:			
Tyrone C M	erchant			
	(Name of Contact P	erson)	***	_
Read30	ine			
	(Firm/ Compan	y)		_
2914 Ri	bault cir			
	(Address)			_
Jax Fl	32208			
	(City/ State and Zip	Code)		
read	30inc@gmail.com			
E-mail address: (to b	pe used for future annual re	port notificatio	n)	—
For further information concerning this matter,	please call:			
Tyrone C Mercha		904	705 8980	:
(Name of Contact	Person)	(Area Code)	(Daytime Telephone Number)	<u>-</u>
Enclosed is a check for the following amount n	nade payable to the Florida	Department of	State:	÷.
☐ \$35 Filing Fee ■\$43.75 Filing F Certificate of \$	ce & \$\subseteq\$	Certif is Certif	0 Filing Fee leate of Status led Copy tional Copy is osed)	c
Mailing Address Amendment Section		reet Address mendment Sect	ion	
Division of Corporations		Division of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

Read30 incN/A

(Name of Corporation as currently filed with the Florid	ida Dept. of State)
N17000006762	
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For Profit Corporation adopts the followi
A. If amending name, enter the new name of the corpo	oration:
N/A	The ne
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	poration" or "incorporated" or the abbreviation "Corp." or "Inc.
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRE	ESS)
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered of	office address in Chaids and About a feb
new registered agent and/or the new registered office	ice address:
Name of New Registered Agent:	:N/A
	(Florida street address)
New Registered Office Address:	
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register	red Agent:
I hereby accept the appointment as registered agent. I am	n familiar with and accept the obligations of the position.
	Signature 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; CE() = 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>D</u>	Joyce Hamilton	1115 Rio Saint Johns Dr Jax Fl 32211
2) Change Add		n/a	
Remove 3) Change Add Remove		n/a	
4) Change Add		n/a	
Remove 5) Change Add		n/a	
Remove 6) Change Add		n/a	
E. If amending or addin (attach additional shee	g additio ts. if nece	nal Articles, enter change(s) here: ssary). (Be specific)	
		N/A	

	N/A			
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				E
The day of the second of the second		02/29/2024		
The date of each amendment(s) adoption date this document was signed.	on:		1815-1	_, if other than the
		02/17/2024		
Enective date if applicable:	(no more than 90 days	after amendment file date		
Note: If the date inserted in this block dedocument's effective date on the Departn	es not meet the applicat			oe listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
☐ The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and th	e number of votes east fo	r the amendment(s)	

Dated

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)

Tyrone C Merchant

(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