## N18000003823

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PILEU 2022 APR 22 AM 7: 114 SECRETARY OF STATI

A. BUTLER
JUN - 9 2022

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: PASSAGE TO TRI	UE RECOVERY INC	
	BER: N18000003823		····
	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	KATIA TIKHONRAVOVA		
		Name of Contact Person	l
	PASSAGE TO TRUE RECO	VERY INC	
		Firm/ Company	
	812 S RIVERSIDE DRIVE	·	
		Address	
	POMPANO BEACH, FL 330	062	
		City/ State and Zip Code	3
	TOYOTA5@ICLOUD.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, please	se call:	
SHAHEED KHAN		954 at (	de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314		Amenc Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

PASSAGE TO TRUE RECOVERY INC	- Vin Comp
(Name of Corporation as curr	ently filed with the 400 iAP Ded 2 of Ath 19: 44
N18000003823	SECRETARY OF THE
(Document Numb	SECRETALY OF STATE oer of Corporation (if khown) AHASSE, FI
	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	n:
	The new
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation "I	". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. E. A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade	address in Florida, enter the name of the
Name of New Negwierea Agent	
(Flori	da street address)
New Registered Office Address:	, Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am familiary	sgent: iliar with and accept the obligations of the position.
Singatum of A	lew Registered Agent, if changing
	еж педыегей луст, у спипуту
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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 Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	V	SHAHEED KHAN	812 S RIVERSIDE DR
X Add			POMPANO BEACH FL 33062
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

наспишинот	adding additional Artic of sheets, if necessary).	(Be specific)	· · · · · · · · · · · · · · · · · · ·		
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f an amendme	nt provides for an exch	ange, reclassifica	ation, or cancella	ition of issued sh	ares,
provisions for	implementing the amer icable, indicate N/A)	adment if not co	ntained in the ar	nendment itself:	
(y ma upp	icanic, marcane (viii)				
	210				
	NIA		<del></del>	·	· · · · · · · · · · · · · · · · · · ·
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The date of each amendment(s) ad late this document was signed.	option:, if other than the
Effective date if applicable:	
Enective date it applicable.	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	
	(voting group)
selected	rector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)
-	(Typed or printed name of person signing)
	(Title of person signing)