N18000004885

(Re	questor's Name)	······
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	nts Inc		
N18000004885 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee	are submitted for filing.		
Please return all correspondence concerning th	is matter to the following:		
Sarah Smith			
	(Name of Contact	Person)	<u>-</u>
Common Gents Inc			
	(Firm/ Compa	ny)	
6286 Michael Street			
	(Address)		
Jupiter, Florida 33458			
	(City/ State and Zi	p Code)	
sarahsmith@commongents.com			
E-mail address: (to	be used for future annual r	eport notificatio	n)
For further information concerning this matter.	, please call:		
Sarah Smith		561	4279091
(Name of Contact			(Daytime Telephone Number)
Enclosed is a check for the following amount t	nade payable to the Florid	a Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of S		Certif r is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address		Street Address	in
Amendment Section		Amendment Section	

Division of Corporations P.O. Box 6327

Tallahassee, Fl. 32314

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

Articles of Amendment to Articles of Incorporation of

ASTONIAN TO THE PARTY OF THE PA

Common Gents Inc		
Name of Corporation as currently filed with the Flo	orida Dept. of State)	
N18000004885		
(Document	Number of Corporation (if kno	own)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
D. If amending the registered agent and/or registere new registered agent and/or the new registered of		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Flor	ida street addressi
New Registered Office Address.		
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regi- l hereby accept the appointment as registered agent.	stered Agen <u>t:</u>	
	Signature of New Register	red Agent, if changing

<u>,</u> ,,		
•		

	. 11.35.3033	
The date of each amendment(s) adoption	April, 27, 2022	, if other than the
date this document was signed.		
April 27, 20	022	
rifective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Departme	es not meet the applicable statutory filing requirements, this date will not bent of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.			
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			
Sarah Smith			
(Typed or printed name of person signing) Vice-President			
(Title of person signing)			

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.

Example: X Change X Remove X Add	PT John Doe V Mike Jones SV Sally Smith				
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change Add					
Remove					
2) Change Add	<u>T</u>	Michelle Hylton	6287 Garrett Street Jupiter, FL 33458		
Remove 3) × Change Add Remove	ВМ	Bryan J Monteleone	Palm Beach Gardens, FL 33410		
4) Change Add	<u>BM</u>	James F King	Palm Beach Gardens, FL 33418		
Remove 5) Change	<u>S</u>	Alisa R King	16672 75th Wav Palm Beach Gardens, FL 33418		
6) Change × Add	<u>BM</u>	Robert Hylton	6287 Garrett Street Jupiter, FL 33458		
Remove					
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
Article II- Purpose (add section) To run as a 501c3 non-profit organization					