## N19000001596

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R. WHITE



## **COVER LETTER**

TO: Amendment Section.

**Division of Corporations** 

Tallahassee, FL 32314

NAME OF CORPORATION: TOSPICO	of By Monica, Inc.		
DOCUMENT NUMBER: <u>N19000</u>	,		
booting rounds. 10110000			
The enclosed Articles of Amendment and fee are submitt	ted for filing.		
Please return all correspondence concerning this matter to	·		
Monica Taylor (Name of Contact Person)			
(N	fame of Contact Person)		
	(Firm/ Company)		
972 NE 133rd St	reet		
	(Address)		
Miani, FL 33/6/			
(C	ity/ State and Zip Code)		
janntlewise att.net E-mail address: (to be used for future annual report notification)			
E-mail address: (to be used to	r future annual report notification)		
For further information concerning this matter, please cal	II:		
JOANN LEWIS	at 786 382-3515		
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)		
Enclosed is a check for the following amount made payal	ble to the Florida Department of State:		
	\$43.75 Filing Fee & U\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is Enclosed)		
Mailing Address	Street Address		
Amendment Section Division of Corporations	Amendment Section Division of Corporations		
P.O. Box 6327	Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

to Articles of Incorporation

	to Articles of Incorporation	ه سته
•	of	
Inspired By Mo	ONICAL INC	2019 APP -9 AH11: 59
A 110 000 00 150/	currency med with the Florida	<u> </u>
101900001590	it Number of Corporation (if know	10L
(Documen	t Number of Corporation (if know	m)
Pursuant to the provisions of section 617.1006, Florida umendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not For Pi</i>	rofit Corporation adopts the following
A. If amending name, enter the new name of the contain the word "company" or "Co." may not be used in the name.	ted Praver	The new or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>X</u> )	
D. If amending the registered agent and/or register new registered agent and/or the new registered  Name of New Registered Agent:		ter the name of the
<u>Name of New Registered Agent.</u>		
	(Florid	la street address)
<del>-</del>	(City)	, Florida (Zip Code)
lew Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.	istered Agent:	
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; 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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
<del></del>			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)
<del></del>	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amen	idment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	y filing requirements, this date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the members and the number of was/were sufficient for approval.	of votes cast for the amendment(s)
There are no members or members entitled to vote on the amendment(s adopted by the board of directors.	). The amendment(s) was/were
Dated 4-5-2019	
Signature 27 )00000 Signature	201
(By the chairman or vice chairman of the board, pres have not been selected, by an incorporator – if in the other court appointed fiduciary by that fiduciary)	
Monica Taylor (Typed or printed name of	(f norman signing)
President (Title of person	
(Title of pers	on signing)