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(Req	uestor's Name)
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COVER LETTER

Division of Corporations	
SUBJECT: Entrepreneurs. Name	hip Florida of Corporation
DOCUMENT NUMBER: 1	•
The enclosed Amendment and fee are subm	itted for filing.
Please return all correspondence concerning	this matter to the following:
Name of Contact Person	<u>.</u>
Firm acresome LLC Firm/Company	
1904 Miccosokee Address	Rd. 49
Tallahassee, FL 323 City/State and Zip Code	08
City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
E-mail address: (to be used for future annu	report notification)
For further information concerning this matt	er, please call:
Name of Contact Person	at (<u>407</u>) <u>467-72-75</u> Area Code & Daytime Telephone Number
Enclosed is a check for the following amour	nt:
\$35.00 Filing Fee S43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee. Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

Articles of Incorporation of

Florida, Inc.	- 25 下点 1:
ently filed with the Florid	a Dept. of State)
170	AL THE STATE OF TH
	wn)
utes, this <i>Florida Not For I</i>	Profit Corporation adopts the following
ation:	
ssee, Inc.	The new or the abbreviation "Corp." or "Inc."
ταπολί οτ πικοπροπαίευ	ar the distriction corp. or the
1904 Mice	cosukee #9
2) Tallaharree	, FL 32808
1964 Mar	carubee #9
Tailla hasse	e, FC 32808
ffice address in Florida, e	nter the name of the
e address:	
(Flor	uda street address)
	, Florida
(City)	(Zip Code)
ed Agent:	
familiar with and accept th	he obligations of the position.
Signature of New Register	red Agent, if changing
	fice address in Florida, e address: (City) red Agent: fation: (SS-PC, ZhC. Incorporated Incorp

ι

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 D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add Remove			
5) Change Add			
Remove 6) Change Add Remove			

E. If amending or adding additional Article (attach additional sheets, if necessary).	icles, enter change(s) her (Be specific)	<u>e</u> :		
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		<u>,</u>		
				

The date of each amendment(s) adoption:	03/25/2019	_, if other than the
late this document was signed.		
age in the time to the	3/25/2019	
Effective date <u>if applicable</u> :	more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of	t meet the applicable statutory filing requirements, this date will n f State's records.	ot be listed as the
Adoption of Amendment(s) (CI	IECK ONE)	
The amendment(s) was/were adopted by the was/were sufficient for approval.	he members and the number of votes cast for the amendment(s)	
There are no members or members entitled adopted by the board of directors.	d to vote on the amendment(s). The amendment(s) was/were	
Dated 06/25/20	19	
Signature	?id	
	e chairman of the board, president or other officer-if directors. by an incorporator – if in the hands of a receiver, trustee, or	
	fiduciary by that fiduciary)	
Cut Bey	ndet	
	(Typed or printed name of person signing)	
Residen	<i>t</i>	
	(Title of person signing)	