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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CEDUBLICANS OF COLOR	
DOCUMENT NUMBER: N1900005214	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
LAWRENCE ALBRITTON	
(Name of Contact Person)	
REPUBLICAUS DF COLOR (Firm/Company)	
(Firm/ Company)	
184 SW OCALA WALL	
LAKE CITY FL 32024 (City/ State and Zip Code)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	_
LAWRENCE ALBRITTON at 386 628- (Name of Contact Person) (Area Code) (Daytime Telep	7346= 38 ohone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:	2 0 N
S35 Filing Fee S43.75 Filing Fee S43.75 Filing Fee Scrifficate of Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	PH12: 09
Mailing Address Amendment Section Street Address Amendment Section	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

MEDUBLICANS OF			
		rida Dept. or State)	
1900005216	Number of Corporation (if)	cnown)	
rsuant to the provisions of section 617.1006, Florida andment(s) to its Articles of Incorporation:	•		following
If amending name, enter the new name of the cor	poration:		
			The new
ome must be distinguishable and contain the word "co Company" or "Co." may not be used in the name.	rporation" or "incorporate	d" or the abbreviation "Corp."	
. Enter new principal office address, if applicable:			
Principal office address <u>MUST BE A STREET ADDI</u>	RESS)		
			
Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
			
. If amending the registered agent and/or registere new registered agent and/or the new registered o		, enter the name of the	
new registered agent and/or the new registered o	ince aduress:		ξĎ
Name of New Registered Agent:			=
			50
New Registered Office Address:	(F	lorida street address)	<u>.</u>
New Registered Office Address.			- X
		Florida	——————————————————————————————————————
	(City)	(Zip Code)	3
w Registered Agent's Signature, if changing Regis	tered Agent:		
nereby accept the appointment as registered agent. I		t the obligations of the position.	
	Signature of New Regis	tered 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	PT John D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addreş</u> s
Change Add Remove	<u>VP</u>	LAIDVIENCE ALBRITANTIL	LOO DIXIE DR. APT. 212 TAILAHASSEE, FL 32304
2) Change	VP	LAWRENCE ALBRITTON	184 Sw OCALA WAY LAKE CITY, FL 32024
Remove 3) Change Add			300,20
Remove 4) Change Add			
Remove Change Add			
Remove 6) Change Add Remove			
			

attach additional sheets, if nec	essar,יי). (Be sp	ecific)			
					
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··· <u></u>					·

	e date of each amendment(s) adoption:	, if other than the
late	e this document was signed.	
Eff	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
Not loc	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no nument's effective date on the Department of State's records.	t be listed as the
4de	option of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
Ø	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 6-24-19 Signature Scurence Allotton	
	Signature Course Allows (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)	
	LAWRENCE ALBRITTON	
	(Typed or printed name of person signing)	
	PRESIDENT / Uwwirk (Title of person signing)	
	(Little of person signing)	