N19000007065

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Na	me)
——————————————————————————————————————	ocument Number)
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500333414675

09/12/19--01030--005 ★+35.00

2011 (12 Fill 12: 0

Amend

SEP 2 1 2019

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:AC7	TON NOW, INC
DOCUMENT NUMBER:	1900007065
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this matter	ter to the following:
$\mathcal{A}^{\mathcal{A}}$	DECAIDA MUNIZ
	(Name of Contact Person)
Act	TON NOW, INC
/	(Firm/ Company)
7000 W	LEST PALMETTO PANK Rd. SUITE 210
	(Address)
Bock	9 RATON, FZ 33 433 (City/ State and Zip Code)
	(City/ State and Zip Code)
Action Non E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, please	e call:
	n) at <u>567 305 0390</u> (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) Cartificate of Status 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
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ACTION	NOW INC.
	filed with the Florida Dept. of State)
N19000	0007065
	of Corporation (if known)
Pursuant to the provisions of section 617.1006. Florida Statutes, tamendment(s) to its Articles of Incorporation:	this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	<u>i</u>
name must be distinguishable and contain the word "corporation	The new or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	i or incorporated or the above tation corp. or inc.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	BUCA RATON FZ. 33433
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 2962 PALY BOACH, FZ. 33480
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	
Name of New Registered Agent: 13E	CALBA MUNIZ
	(Florida street address)
New Registered Office Address:	(City) , Florida 33433 (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am famil	gent:
Sim	Lollie Comments of New Registered Agent, if changing
Sign	utaire of tren negativea right, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	V Mike	Doe : Jones · Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>P</u>	ZITTA, JOSUE M.	5600 NW 76 TH PLACE COCONUT CREAK, FR. 33073
2) Change Add	<u></u>	ZITTA, JOSIAS	5600 NW 16TH PLACE COCONUT GREEK, FR 33073
X Remove 3) Change Add Remove	<u> VP</u>	ZIMA, ARNO	5800 NW7677 PLACE COCONUT CREEK, FL 33073
4) Change Add Remove	P	ADELAIDA MUNIZ	7000 WEST PALMEMOPKRE SUITE ZIO BOCA RATON TE. 334
5) Change Add Remove	SETTEMS	GARY EDWARD ISCOE	JOOO WEST PACHETTO PER SOLTE 210 BOXG RATUN, 12 3343
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
	(attach additional sheets, if necessary).	(Be specific)	
_			
_		4.44	
			# W # # # # # # # # # # # # # # # # # #
		<u></u>	
			. <u>.</u>
-			
_	-183-2-1		

The date of each amendment(s) a	loption:	, if other than
ate this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo ocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	Il not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a was/were sufficient for approve	dopted by the members and the number of votes cast for the amendment(s) if.	ı
There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
Dated	10/19	
Signature	Elelaida M -	
(By the chair have not be	man or vice chairman of the board, president or other officer-if directors en selected, by an incorporator /- if in the hands of a receiver, trustee, or appointed fiduciary by that induciary)	
	Adelaida MUNIZ (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	