## N20000001005

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(Document Number)
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C. GOLDEN 0CT - 4 2020

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	INC		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are so	ubmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
LOVETTE DOBSON			
	(Name of Contact P	erson)	· ·
INCFILE.COM LLC			
	(Firm/ Compan	y)	
17350 STATE HWY 249 STE 220			
	(Address)		
HOUSTON, TX 77064			
	(City/ State and Zip	Code)	
EFILE1234@INCFILE.COM			
E-mail address: (to be us	sed for future annual re	port notification	n)
For further information concerning this matter, plea	ase call:		
LOVETTE DOBSON	at	855	829-9090
(Name of Contact Pers		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	-	Certii s Certii (Add	0 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ar Di	reet Address nendment Sectivision of Corp ne Centre of T	orations

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## **Articles of Amendment** to Articles of Incorporation of

THE 21ST MEN INC

THE 21ST MEN	VINC 9553 AVE TO BY
(Name of Corporation as currently filed with the Florida Dept. of Sta	te) 9000 ATT 10 PH 6: 18
N200000010	05
(Document Number of Corpo	ration (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida mendment(s) to its Articles of Incorporation:	ida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation" or "in "Company" or "Co." may not be used in the name.	corporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
<del></del>	
D. If amending the registered agent and/or registered office address i new registered agent and/or the new registered office address:	n Florida, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with a	and accept the obligations of the position.
Signature of N	lew 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	<u>V</u> <u>Mik</u>	<u>n Doe</u> e Jone <u>s</u> y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	DIR	LUIS GREEN	8450 GATE PKWY W UNIT 1525 JACKSONVILLE, FL 32216
Remove			
2) Change Add	DIR	RASHAD WILLIAMS	8450 GATE PKWY W UNIT 1525 JACKSONVILLE, FL 32216
X Remove 3) Change Add X Remove	DIR	SHOURVOISER GAMBLE	8450 GATE PKWY W UNIT 1525 JACKSONVILLE, FL 32216
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add		<del></del>	
Remove			
E. If amending or addi (attach additional she	ng additional A ets, if necessary,	articles, enter change(s) here:  ). (Be specific)	
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The date of the state of the st		
date this document was signed.	tion:	_, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	does not meet the applicable statutory filing requirements, this date will not be	pe listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt was/were sufficient for approval.	ted by the members and the number of votes cast for the amendment(s)	

	ULY 24, 2020
Dated _	
Signature	Vincent Patterson
ha	y the chairman or vice chairman of the board, president or other officer-if director ave not been selected, by an incorporator – if in the hands of a receiver, trustee, or ther court appointed fiduciary by that fiduciary)
	VINCENT PATTERSON
	(Typed or printed name of person signing)
	DIRECTOR
	DIRECTOR

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were