N20 000005151

(Requestor's Name)
(Address)
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(Business Entity Name)
(Coomoo Zina, mamo,
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: EACH STARFISH N	MATTERS, INC.	•	
N20000005151 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-	nitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
CLOVIS MOODIE			
	(Name of Contact Pe	erson)	
EACH STARFISH MATTERS, INC.			
	(Firm/ Company	ψ)	
3638 SE 2ND STREET			
	(Address)		
BOYNTON BEACH, FL 33435			
	(City/ State and Zip	Code)	
MCARV05@BELLSOUTH.NET (Y	Mcarv & 5	a belle	outh. net)
For further information concerning this matter, please	·	Wit Holling Miles	''
CLOVIS MOODIE	at	561	601-9492
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	wable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certitī s Certitī	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	An Di	reet Address nendment Secti vision of Corpe or Centre of T	rations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

E,	ACH	STA	REISE	LMAT	TERS.	INC

(Name of Corporation as currently filed with the Florida I	<u>Jept. of State</u>)
N20000005151	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	ion:
N/A	The new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS))
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A .
D. If amending the registered agent and/or registered offic	ce address in Florida, enter the name of the
new registered agent and/or the new registered office a	
Name of New Registered Agent: N/A	
	(Florida street address)
New Registered Office Address:	p to me si ca
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far	miliar with and accept the obligations of the position.
_ <i>NP</i>	gnature of New Registered Agent, if changing
' Sig	gnature 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	PT John Do V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>p</u>	CLOVIS MOODEI	3638 SE 2ND STREET BOYNTON BEACH, FL 33435
Remove 2) Change Add		CLOVIS MOODIE	3638 SE 2ND STREET BOYNTON BEACH, FL 33435
Remove 3) Remove Add Remove			
4) Change Add			
Remove 5)ChangeAddRemove			
6) Change Add Remove			
	ng additional Arti	icles, enter change(s) here: (Be specific)	
			

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			_	
	8/14/2020			
The date of each amendment	s) adoption:			if other than the
date this document was signed.	8/14/2020			
Effective date if applicable:		antina ana antana di Arra		
	(no more than 90 days	after amendment file date)		
	s block does not meet the applica e Department of State's records.	ble statutory filing requireme	nts, this date will not be	listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
☐ The amendment(s) was/we was/were sufficient for ap	ere adopted by the members and the proval.	he number of votes east for th	ne amendment(s)	

	mbers or members entitled to vote on the amendment(s). The amendment(s) was/were oard of directors.
Dated	8/14/2020
Signatu	· Alux
-	(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)
	(Typed or printed name of person signing)
	President
	(Title of person signing)