## N22000012392

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2022 NOV - 7 AM 7: 53

1 2/3/2023

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

## POSABILITY INC.

NAME OF CORPORATI	ON:			
	N22000012392			
DOCUMENT NUMBER:		·		
The enclosed Articles of Ar	mendment and fee are sub	mitted for filing.		
Please return all correspond Wayne Cordova	lence concerning this matte	er to the following:		
		(Name of Contact F	Person)	
POSABILITY Inc.				
		(Firm/ Compar		
11320 Pickford St				
<del></del>		(Address)	• •	
Spring Hill, FL 34609				
		(City/ State and Zip	Code)	
wayne@posability.org	•			
	E-mail address: (to be used	for future annual re	port notificatio	n)
For further information con	cerning this matter, please	call:		
Wayne Cordova			561	3153106
· · · · · · · · · · · · · · · · · · ·	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	yable to the Florida	Department of	State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif (Add	0 Filing Fee ficate of Status fied Copy itional Copy is osed)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

POSABILITY Inc.		2022 NOV _ 7
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	2022 NOV -7 AM 7: 52
N22000012392		SEC. TALE STATE
	N 1 00 2 (0)	TALLY ASSEE, FI
(Document	Number of Corporation (if know	n)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not For P</i>	rofit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.		r the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	9	
	<del> </del>	
D. If amending the registered agent and/or registere	ed office address in Florida, ent	er the name of the
new registered agent and/or the new registered o		
Name of New Registered Agent:		
tume of New Negistereu Agerii.		
	(Florida	street address)
New Registered Office Address:	() to see	Su eel Cauressy
		, Florida
<del></del>	(City)	(Zip Code)
		-
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the	obligations of the position
The state of the s		and the familiary
	Signature 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 V SY	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change Add	<u>C</u>	Emilio Cordova	1512 Austrina Pass Austin, TX 78732
2) Change Add	PCEO	Wayne Cordova	11320 Pickford St. Spring Hill, FL 34609
Remove 3) Change X Add Remove	<u>VD</u>	Christina Cordova	11320 Pickford St. Spring Hill, FL 34609
4) Change Add			
Remove  5) Change Add			
Remove 6) Change Add			
Remove  E. If amending or addin (attach additional shee		nal Articles, enter change(s) here: ssary). (Be specific)	
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The date of each amendment(s) add	pption:, if other	than the
date this document was signed. 11/1/2	022	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records.	s the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
11/2/2022
Dated
Signature
(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)
WATE COXDOVA
(Typed or printed name of person signing)
CEO
(Title of person signing)

• ,