N23000006972

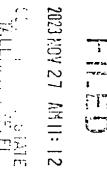
(Requestor's Name)
(Address)
(Address)
(100,000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(boddment Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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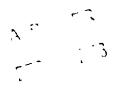
Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON:	AWARDS INC		
DOCUMENT NUMBER:	N23000006972			
The enclosed Articles of Am	endment and fee are sub	mitted for filing.		
Please return all corresponde	ence concerning this matt	er to the following:		
Jason Tetlak				
		(Name of Contact Pe	erson)	
National Mural Awards				
-		(Firm/ Company	·)	
4424 Antisdale Street				
	<u> </u>	(Address)		<u> </u>
Jacksonville, Florida				
		(City/ State and Zip (Code)	<u> </u>
jason@nationalmuralawards	.com			
E	mail address: (to be used	for future annual rep	ort notification	1)
For further information conce	erning this matter, please	call:		
Jason Tetlak		at.	904	422-8810
(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pa	ayable to the Florida I	Department of	State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certifi	cate of Status ed Copy ional Copy is
Mailing Address Amendment Section		Am	eet Address endment Secti	on

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

NATION MURAL AWARDS INC

FILED

(Name of Corporation as currently filed with the Florida Dept. of State)	2023 KDY 27	AMIII
N23000006972		
(Document Number of Corporation (if know	m) Tall	- 2 MIE
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For P</i> amendment(s) to its Articles of Incorporation:		
A. If amending name, enter the new name of the corporation:		
NATIONAL MURAL AWARDS INC		The new
name must be distinguishable and contain the word "corporation" or "incorporated" o "Company" or "Co." may not be used in the name.	or the abbreviation "Cor	p." 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 <u>MAY BE A POST OFFICE BOX</u>)		
 		
D. If amending the registered agent and/or registered office address in Florida, en-	ter the name of the	
new registered agent and/or the new registered office address:		
Name of New Registered Agent:		
		_
(Florida New Registered Office Address:	a street address)	
——————————————————————————————————————	• • • • • • • • • • • • • • • • • • • •	
(City)	, Florida (Zip Code,)
New Projectored Agent's Signature if shanning Desistand Agent.	-	
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the	obligations of the positi	on.
Signature of New Registered	l 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>2</u>	John Do Mike Jo Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
l) Change Add				
Remove				
2) Change Add				
Remove 3) Remove Add Remove				
4) Change Add				
Remove				
5) Change Add				
Remove				
6) Change Add				
Remove				
E. If amending or addir (attach additional shee	ng addition ts, if necess	sary).	cles, enter change(s) here: (Be specific)	

-		
•		
 -		
- · · · · · ·		
		
	, <u></u>	
,		
The date of each amendment(s) ad	option:	if other than th
date this document was signed.		, it other than t
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blod document's effective date on the Dep	ck does not meet the applicable statutory filing requirement of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adwas/were sufficient for approva	opted by the members and the number of votes east for l.	the amendment(s)

Dated	Nov 20, 2023						
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) Jason Tetlak						
	(Typed or printed name of person signing)						
	Executive Director						
	(Title of person signing)						

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

adopted by the board of directors.

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	NATION MURAL ON:	AWARDS INC		
DOCUMENT NUMBER:	N23000006972			
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		(Firm/ Compan	y)	
4424 Antisdale Street				
		(Address)	<u> </u>	
Jacksonville, Florida				
		(City/ State and Zip	Code)	
jason@nationalmuralawards	s.com			
E	-mail address: (to be used	for future annual re	port notification	n)
For further information conc	erning this matter, please	call:		
Jason Tetlak		at	904	422-8810
•	Name of Contact Person			(Daytime Telephone Number)
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□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certifi is Certifi	O Filing Fee icate of Status ied Copy tional Copy is used)
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