N23000008663

(Re	questor's Name)	
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A. RAMSEY

FLORIDA CAPITAL COURIER SERVICES. INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624

PLEASE USE FUNDS FROM THIS AC AUTHORIZATION SIGNATURE: \$\(\text{SCHLER-CHURMA, INC.} \) N2300000	antle		
BUSINESS (Name)	Document #		
Walk in	Pick up time		
Mail out	Will wait		
Photocopy			
Certified Copy of Organization and am	endment		
Certificate of Status			
<u>NEW FILINGS</u>	<u>AMENDMENTS</u>		
Profit Not for Profit Limited Liability Domestication Other CORP PLLC	XAmendmentResignationChange of Registered AgentDissolution/WithdrawalMergerConversion		
OTHER FILINGS	REGISTERATION/QUALIFICATIONS		
Annual Report Fictitious Name	Foreign filing Limited Partnership Reinstatement Statement of Authority		
APOSTIL (Other		
Country	EXAMINER'S INITIALS:		

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	SCHLER-CHURMA	A, INC.			
	N23000008663				
DOCUMENT NUMBER:					
The enclosed Articles of Ar	mendment and fee are sub	mitted for filing.			
Please return all correspond	lence concerning this matt	er to the following	;		
Elliott L. Dozier					
···		(Name of Contac	t Person)		
Dozier & Dozier Attomeys	at Law				
		(Firm/ Comp	алу)		
2407 Fruitville Road					
<u> </u>		(Address)		
Sarasota, Florida 34237					
		(City/ State and Z	Lip Code)		
edozier@dozierattorneys.co	om				
	E-mail address: (to be used	for future annual	report notifica	tion)	
For further information con	cerning this matter, please	call:			
Elliott L. Dozier			941 at	953-5797	
	(Name of Contact Person	n)	(Area Cod	e) (Daytime Telephone Nur	nber)
Enclosed is a check for the	following amount made pa	ayable to the Flori	da Department	of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing F Certified Copy (Additional copenclosed)	Ce by is Ce (A	2.50 Filing Fee rtificate of Status rtified Copy dditional Copy is aclosed)	
Mailing A			Street Addres		
	ent Section of Corporations		Division of Co		

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

FILED

2023 DEC -4 PM 12- 14

SCHLER-CHURMA, INC.

(Name of Corporation as currently filed with the Florida I	Dept. of State)
N23000008663	, , , , , , , , , , , , , , , , , , ,
(Document Numb	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 corporat	ion:
SCLER-CHURMA, INC.	The new
name must be distinguishable and contain the word "corporal" "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:	189 Palm Blvd.
(Principal office address MUST BE A STREET ADDRESS	Parrish, FL 34219
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	189 Palm Blvd.
	Parrish, FL 34219
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a	
Name of New Registered Agent:	
	(Florida street address)
New Registered Office Address:	
	(City) , Florida (City)
	(,
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	Agent: miliar with and accept the obligations of the position.
Si	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 D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) 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 addin (attach additional shee		icles, enter change(s) here: (Be specific)	

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	· <u>· · · · · · · · · · · · · · · · · · </u>			
				
				
				
				
	·	 -		•
				
The date of each amendment(s) addate this document was signed.	option:			_, if other than the
Effective date it 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	ck does not meet the applicable st partment of State's records.	atutory filing requiremen	ts, this date will not	be listed as the
Adoption of Amendment(s)	(CHECK ONE)			

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment adopted by the board of directors.	nent(s) was/were
Dated	;
Signature Jaurie hurma	
(By the chairman or vice chairman of the board, president or other of have not been selected, by an incorporator – if in the hands of a receipther court appointed fiduciary by that fiduciary)	ficer-if directors eiver, trustee, or
LAURIE CHURMA	
(Typed or printed name of person signing	;)
DIRECTOR	;

(Title of person signing)