N24000004469

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

Office Use Only



500430422955

95/28/24--01023--014 **35.00

PRINT / 28 PM 1:42

6. HUNT C>/13/14

COVER LETTER

Division of Corporations FOA Events Commitee NAME OF CORPORATION: DOCUMENT NUMBER: N24000004469 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

Mailing Address

TO: Amendment Section

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

ept. of State)		
e Inc.	N240000	<u> </u>
er of Corporation (if known)		
s, this <i>Florida Not For Profi</i>	Corporation adopts the	e following
on:		
<u>*7</u>		
		_The new
ion" or "incorporated or th	e abbreviation "Corp."	or Inc.
A/I-A		
1411,		
		<u></u>
	()	
	是 為	*
	10 70	-1 -1
- MA		<u> </u>
1011.	SS O	- [i]
	<u>ក្រុក</u> ក្រុ _ស	
		=
a address in Florida, ontor t	ho nama af tha M	5
<u>e auuress iii riorida, eiiter i</u> ldress:	ne name of the	
\ '	<i>ــ</i>	
netia Oly	<u>e1</u>	
Allecia Y	'auc-t	
(Florida stre	eet address)	
	,	
ours do la	⊃?	823
City		<u>000</u>
(City)	(Zip Coue)	
Agent:		
viliar with and accept the obli	gations of the position.	
Vineta A	10h.	
nature of New Registered Ag	ent, if changing	
	r of Corporation (if known) s. this Florida Not For Profit on: ion" or "incorporated" or the Alleria Cig Alleria (Florida street) (City) Agent: iiliar with and accept the obly Make T	e address in Florida, enter the name of the Idress: Alleria Court date (Florida street address) City (City) Alleria Court date Florida (Zip Code)

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 Doc 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 I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	5_	Kristin Truemar	500 Cimarosa Ave
Remove 2) Change Add	<u>S_</u>	Christian Allen	<u>Auburndale Fl</u> 3382. <u>500 Alleria Court</u>
Remove 3) Remove Change Add	1	Venetia Giger	Auburndoule F1 3386 507 Alleria Court
Remove 4) Change Add			Auburdale Fl 33823
Remove 5) Change Add			
Remove 6) Change Add			
Remove	ing additional A ets, if necessary)	rticles, enter change(s) here: . (Be specific)	TALLAHASSEE, FL
			m 12

•		
		
		
		
		
		
		72.5
	<u> </u>	2121
	: :: : : : : : : : : : : : : : : : : :	35- 37- 37- 37- 37- 37- 37- 37- 37- 37- 37
	MAS	<u> </u>
	S C C C C C C C C C C C C C C C C C C C	المحرب با
	וחט	
	F.A.	.
		
		•
	0 10 0 0	
The date of each amendment(s) adoption:	: tpr19,2004	, if other than the
date this document was signed.	00:100000000	
Effective date if applicable:	HPC11 9, 2024	
(1	no more than 90 days after amendment file date)	
<u>Note</u> : If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted h was/were sufficient for approval.	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.

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)

Veretical Grade (Typed or printed name of person signing)

(Typed or person signing)

287 MY 28 PM I