MAUDOODAM

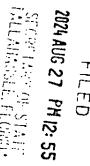
(Requestor's Name)
(Address)
(Address)
(100000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>

Office Use Only



200435255572

00727/24--01623--003 **39.09



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	v:CA	+ Resuuc	AlliAUCE	Corporation
DOCUMENT NUMBER:	ı	-	· N240	100009747
The enclosed Articles of Amer	adment and fee are su	bmitted for filing.		
Please return all correspondence	ce concerning this ma	tter to the following:		
	Signe	SCHAFEN (Name of Contact Pers		
	CA+ R	SCUC A (Firm/Company)	Mance	
		(Firm/ Company)		
-	3657,	Tigereye (Address)	/	
		(Address)		
	Muise	(City/State and Zin Co	33860	
	•	(City/ State and Zip Co	ode)	
<u>dia</u>	ne Schaff nail address: (to be us	ed for future annual repo	PMATL rt notification)	. Co N1
For further information concer	ning this matter, plea	se call:		
	SCHAFA Jame of Contact Person	-enat	$\frac{8^{\prime} 63 - 602}{\text{Area Code}}$ (Daytime T	2 - 5 / J J Celephone Number)
Enclosed is a check for the fol				,
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Statu Certified Copy (Additional Copy i Enclosed)	
Mailing Ad	<u>dress</u>	Stre	et Address	

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 Articles of Incorporation of

	AH	Keso	cue	AlliAL	100	Cor	D O	a 4100
Name of Corporation as currently filed with the Flo	orida Dep			-	-			
		No	2400	000	974	7		
(Document	Number o					-		
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, t	this <i>Florida</i>	Not For	Profit Corp	oration :	adopts the	c follo	wing
A. If amending name, enter the new name of the cor	rporation	<u>:</u>	0					
· · · · · · · · · · · · · · · · · · ·	(CHF	Res	cue	12/11	4016		ZNC new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation	ı" or "incor	porated"	or the abb	reviation	"Corp."	or "In	ıc. "
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>		_36	57 MUL	Tigeo	leye Fo	C+ 33	86	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>	_						
D. If amending the registered agent and/or registered new registered agent and/or the new registered of			Florida, e	nter the n	ıme of th	SECRE LA	2024 AUG :	— —
Name of New Registered Agent:	<u>. </u>					13. F. J. G.	27 PI	ור בם
New Registered Office Address:			(Flor	ida street add	ress) . Florid	NTAIL .	12: 55	
_		(City)				Code)		
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent. I	l am famil	iar with and						
	Sign	ature of Nev	v Kegisiei	-ға ядет, і	j cnangu	g		

	
	
· ·	
The date of each amendment(s) adoption: $8/23/24$	other than the
date this document was signed.	
Effective data if applicables 8/23/24	
The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.	
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	

have not been selected, be other court appointed fide	My Chuje
have not been selected, b other court appointed fid	
Aid "	chairman of the board president or other officer-if directors y an incorporator – if in the hands of a receiver, trustee, or uciary by that fiduciary)
- 11 11 19 1	ic Schaffen
	(Typed or printed name of person signing)