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	(Document Number)
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SECRETARY OF STATE

2024 DEC -2 PH 4:51

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COVER LETTER

Division of Corporations •
NAME OF CORPORATION: 101 LOPIN PICHER LOWNEY
DOCUMENT NUMBER 24000 1037
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CWYNDIM MODELAN (Name of Contact Person)
Voice opin Spiritual Jankhey
25 East Rover St. #17
City/ State and Z/p Code)
E-mail address. (to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Gontact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee

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 _	<u> </u>
Volcon in Ot	ortual =	20U N 11QU
(Name of Corporation as currently filed with the Florida De	ept. of State)	
		\searrow
(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	, this <i>Florida Not For Profi</i>	a Corporation adopts the following
A. If amending name, enter the new name of the corporation	<u>on:</u>	
		The new
name must he distinguishable and contain the word "corporati	on" or "incorporated" or th	ne abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.		
B. Enter new principal office address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		74. TX
•		78 - T
C. Enter new mailing address, if applicable:		SET P
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		<u></u>
		 5
		(•)
		
D. If amending the registered agent and/or registered offic	e address in Florida, enter	the name of the
new registered agent and/or the new registered office ag	idress:	
Name of New Registered Agent:		
Name of New Registered Agent.		
-		
New Registered Office Address:	(Fioriaa si	rect address)
THE MERITAGE THE PROPERTY OF T		
		, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent. I am far	niliar with and accept the of	bligations of the position.
Si	anature of New Registered A	Igent, 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	V Mik SV Sally	<u>i Doe</u> e Jones v Smith		Address	
Type of Action (Check One)	<u>Title</u>	Name	h/a -01-	200 Walnut 5	} }
Change Add Remove	CEO	ng <u>(4)11</u>	11019079j	8 - 17 (12/01) (Fr).	7
2) Change - Add	P _	DR. Gu	undolyn	25 80 80 Ve	م
Remove 3) Remove Add Remove				32202	=1
4) Change Add					
Remove					
5) Change Add					
Remove					
6) Change Add					
Remove					
E. If amending or additional sh	heets, if necessar	y). (Be specific	:)		
Kypa)	Nags	608J	tille ho	35 been	
	D'A JGC	P SNO	TVI (al	ordent 70-CEO	
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tica C	hars	RQJ	am M	D & DODOOLOGI	0

	41564 Atv 28, 2024. if other than the
The date of each amendment(s) adoption/date this document was signed.	if other than the
Effective date if applicable:	
(no	o more than 90 days after amendment file date)
Note: If the date inserted in this block does to document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
Adoption of Amendment(s) (9	CHECK ONE)
The amendment(s) was/were adopted by was/were sufficient for approval.	y 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 of 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) (Typed or printed name of person signing)
(Title of person signing)