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SECRETARY OF STATE

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

SERVICE INDUST NAME OF CORPORATION:	RY RELIEF FUN	), INC.		
200437590572 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are sub	mitted for filing.			
Please return all correspondence concerning this matt	ter to the following	:		
TRACY THRALL				
	(Name of Contact	Person)		
	(Firm/ Comp	any)		<del></del>
1312 89TH ST NW				
	(Address)	<del></del>	** <del>***</del>	20°
BRADENTON, FL 34209				ECKE TALL
	(City/ State and Z	ip Code)	<u>.                                      </u>	TAIT AH
TTHRALL101@HOTMAIL.COM				TARY OF STATE
E-mail address: (to be use	d for future annual	report notification	n)	Hu, 5
For further information concerning this matter, please	e call:			77 3
TRACY THRALL		815 at	341-0747	
(Name of Contact Persor	1)		(Daytime Telep	phone Number)
Enclosed is a check for the following amount made p	ayable to the Florid	la Department of	State:	
☐ \$35 Filing Fee    \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing F Certified Copy (Additional cop enclosed)	Certif y is Certif	0 Filing Fee feate of Status fed Copy tional Copy is osed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Sect Division of Corpo The Centre of T	orations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

SERVICE INDUSTRY RELIEF FUND, INC.

(Name of Corporation as currently filed with the Flo	orida Dept. of State)
200437590572 NZHOOO	ን ነገ ዘፍ ሂ አ
	Number of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	rporation:
N/A	The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>	<u>x</u> ) N/A
	5 E SE T
D. If amending the registered agent and/or registered new registered agent and/or the new registered o	
N//	
Name of New Registered Agent:	
<del></del>	(Florida street address) m
New Registered Office Address:	(Florida street address) mo. 5
	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis	istered Agent
	I am familiar with and accept the obligations of the position.
	Signature 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 De V Mike Je SV Sally Si	ones .	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>v</u>	William E. McWade Jr.	313 S. Ottawa Earlville, IL 60518
Remove 2) Change Add	<del></del>		
Remove 3 ) Remove Add Remove			SECRETARY TALL
4) Change Add			- <u>200</u> = 1
Remove 5) Change Add			<u> </u>
Remove 6) Change Add			
E. If amending or addin (attach additional sheet		cles, enter change(s) here: (Be specific)	

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The date of each amendment(s date this document was signed.	) adoption:		<del></del>	if other than the
Effective date if applicable:	/A			
Miceure date it applicant.	(no more than 9t	) days after amendment	file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the a Department of State's rec	pplicable statutory filing ords.	g requirements, this date w	vill not be listed as the

(CHECK ONE)

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

Adoption of Amendment(s)

was/were sufficient for approval.

There are no membadopted by the boa	pers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
Dated	11/15/2024
Signature	3 Co, President
	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)
	TRACY THRALL
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

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