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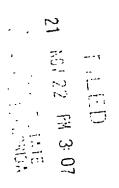
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T. LEMIEUX

### **COVER LETTER**

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person City/ State and Zip Code E-mail address: (to be used for future annual report notification) 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 Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) 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

D6 H01	11GON FAC.			
(Name of Corp	ooration as currently filed	with the Florida De	pt. of State)	
F0000000				
(1)	Document Number of Corp	oration (if known)		
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, this <i>Florid</i>	a Profit Corporation	adopts the following amendm	ient(s) to
A. If amending name, enter the new name of	the corporation:			
			The ne	าเ
name must be distinguishable and contain the wo. "Inc.," or Co.," or the designation "Corp." "chartered," "professional association," or the	"Inc." or "Co". A profe	ny," or "incorporated essional corporation	" or the abbreviation "Corp.,	. "
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>E BOX</u> )			
D. If amending the registered agent and/or re new registered agent and/or the new regist		Florida, enter the n	ame of the	
Name of New Registered Agent			<u></u>	
	(Florida street add	lress)		
New Registered Office Address:	(City)		_, Florida: N	
	(Oliy)			
New Registered Agent's Signature, if changing	a Registered Agents		7.12. 7. 3. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	
I hereby accept the appointment as registered ag		nd accept the obligation	~	
	Signature of New Register	red Agent, if changing		
	, , , , , , , , , , , , , , , , , ,	G 15 Gma		

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	PT John I	<u>Ooe</u>	
X Remove	<u>V</u> <u>Mike J</u>	<u>lones</u>	
X Add	SV Sally S	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change	UP	ERIC CostAntino	13209 Byid ply Odessa A 3357
Remove  2) Change  Add	P	(Usted twice)	23209 Byd 7, Odesey H 33
Remove 3) Change			
Add Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add	***********		
Remove			

Attach additional sheets, if necessary). (Be specific	hange(s) here: 2)
· <del>.</del>	
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	<del>-</del> · · ·
f an amendment provides for an exchange, reclass	sification, or cancellation of issued shares,
provisions for implementing the amendment if no	ot contained in the amendment itself:
(if not applicable, indicate N/A)	
	·· <del>·</del> ····
-	
/	
	<del>-</del>
	<del>-</del>

;

The date of each amendment(s) ad	option:	, if other than the
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 bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this dapartment of State's records.	ite will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors without shareholder action	on and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(ficient for approval.	s)
	roved by the shareholders through voting groups. The following statemerach voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	<del>, "</del>	
	(voting group)	
Dated/	10/26/2021	
Signature	Juliu E. G	
selected	rector, president or other officer – if directors of officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other coured fiduciary by that fiduciary)	71
_	Joseph N Perlanci	
	(Typed or printed name of person signing)	
_	atterney for DE Morres	Too Inc.
	(Title of person signing)	
	•	