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R. WHITE



COVER LETTER

TO: Amendment Section

Division of Corporations A FAMILY LIMISINE NAME OF CORPORATION: Po 00000 78204 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

A FAMILY LIMBOSING INC

Firm/ Company 1958 TIGERTAIL BEVD # 17

Address

DANIA Pah EL 33004

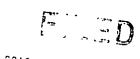
City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TAN J. MY ARA at (954) 744 9493

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filling 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) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

> 2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment



	Articles of Incorporation	2010
	of	2019 APR -3 AM 10: 14
A Equilibrium	Toc	o KI 10: 14
HEamily Lin	1000111R + +11C.	
<u>Name of Cor</u>	poration as currently filed with the Florid	la Dept. of State)
		- 11
	Document Number of Corporation (if known	n)
,		.,
Oursuant to the provisions of section 607,1006, ts Articles of Incorporation:	Florida Statutes, this Florida Profit Corpora	ation adopts the following amendment(s)
A. If amending name, enter the new name of	the corporation:	
	<u> </u>	The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". A professional of	
3. Enter new principal office address, if app	lieable:	
Principal office address MUST BE A STREE		
a time pair oggice and too a a constant and a const	,	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFIC	<u></u>	
). If amending the registered agent and/or r		the name of the
new registered agent and/or the new regis	stered office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		Florida
•	(City)	(Zip Code)
	B 1. 1.	
New Registered Agent's Signature, if changing the hereby accept the appointment as registered a		ligations of the position
неголу ассерь те арронитен ах гезімегей и	хенг i am jamunar wim ана ассері те отп	ідиноня ој те ромнон.
-	Signature of New Registered Agent, if cha-	nging

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)

٠, .

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.

X Change	<u>PT</u> .	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u> <u> </u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	\bot	JUSTIN TYLER MYARA	1958 Tigentail BiVOH17 Dania Brach LL 33004
✓ Add		·	DANIA BUILLA LL
Remove			33004
2) Change			
Add			
Remove			
3) Change		·	<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damaca			

Attach additional sheets, if necessary).	(Be specific)	
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an amendment provides for an each	hungo-recluscification or cancellation of issued charas	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	

The date of each amendment(s) adoption: _	Aprill	2019	, if other than th
date this document was signed.	APRIL 1	⁵⁷ 2019	
Effective date <u>if applicable</u> :	(no more than 90 day	Cl 2019 ys after amendment file date;	
Note: If the date inserted in this block does document's effective date on the Department of		statutory filing requirement	s, this date will not be listed as th
Adoption of Amendment(s) (C	CHECK ONE)		
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient fo		nber of votes east for the ame	endment(s)
☐ The amendment(s) was/were approved by must be separately provided for each votion			
"The number of votes east for the am	iendment(s) was/were suf	Reient for approval	
by	voting group)	·	
☐ The amendment(s) was/were adopted by the action was not required.	ne board of directors with	out shareholder action and sl	nareholder
The amendment(s) was/were adopted by the action was not required.	ne incorporators without s	shareholder action and shareh	older
Dated $04-0i$	19		
Signature	_///	1/100	
(By a director, pr		if directors or officers have i	
	ary by that fiduciary)	ids of a receiver, trustee, or o	ther court
	Jone J.	Myara	
	(Typed or printed name	of person signing)	······
	PRESIDENT		
	(Title of per	rson signing)	