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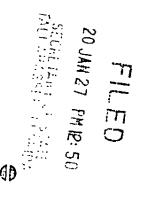
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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Mana & Santurn; P0100006508 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 Mary Law Firm PA

Firm/ Company

124 Piedmont Dr., East, Ste 200 Tallahassee, EL 32308
City/ State and Zip Code F-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (850), 222 - 7710

Area Code & Daytime Telephone Number 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 enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** 

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment

to

$\frac{Q}{A}$	rticles of Incorporation
An Santuri	of
- Noula Law Firm, P.C	I P.A.
(Name of Corporation	as currently filed with the Florida Dept. of State)
P010000650	,69
	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corp	poration
Many Law & Title, PA	or atton.
name must be distinguishable and contain the word "corn	The new
"Inc.," or Co.," or the designation "Corp," "Inc," o. "chartered," "professional association," or the abbrevia	oration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	1424 Predmins Dr
(Principal office address MUST BE A STREET ADDRE	F.S.S.)
	East, Stc 200
	Tallahassee, Fl 32508
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	some as above in
	——————————————————————————————————————
D. If amending the registered agent and/or registered	office address in Florida, enter the name of the
new registered agent and/or the new registered office	office address in Florida, enter the name of the ice address:
Name of New Registered Agent 1	
	<b>4D</b>
	(Florida street address)
New Registered Office Address: 17 )	
The state of the s	(City) , Florida (Zin Code)
	(
New Registered Agent's Signature, if changing Register	red Agent:
hereby accept the appointment as registered agent. I am	i jamiliar with and accept the obligations of the position.
Na	
	e 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 = ChiefExecutive 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	PT John Doc	
X Remove	V Mike Jones	
$\underline{X}$ Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	vo changes	
Add		
Remove		
2) Change	Ma	
Add		
Remove 3) Change	<u>nia</u>	
Add	<del></del> -	27
Remove	1	
4) Change	Ma	25 S
Add		<b>(D)</b>
Remove		
5) Change	<u>rNa</u>	
Add		
Remove		
6) Change	nta	
Add		
Remove		

If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)		
av changes		
·		
	<u>200 N</u>	
		17
	7	
an amendment provides for an exchange, reclassification, or cancellation of issued sha	res.	7
(if not applicable, indicate N/A)		ر
	50 50	
no changes	<b>(1)</b>	
j		
	<del></del>	

•

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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 01/01 2020	
(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 document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by \( \sum_{\alpha} \alpha \) (voting group)	
(voting group)	
The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	shareholder
Dated 01/09/2020	# TI
Signature 1 11 / 12 / 12 / 1/1/1/1/1/1/1/1/1/1/1/	<u>. Tī</u>
(By a director, president of other officer - if directors or officers have not been 6	<u><u><u></u> 0</u></u>
selected, by an incorporator – if in the hands of a receiver, trustee, or other courts appointed fiduciary by that fiduciary)	л Л
appointed fiduciary by that inductary)	D .
(Typed or printed name of person signing)	
President	
(Title of person signing)	