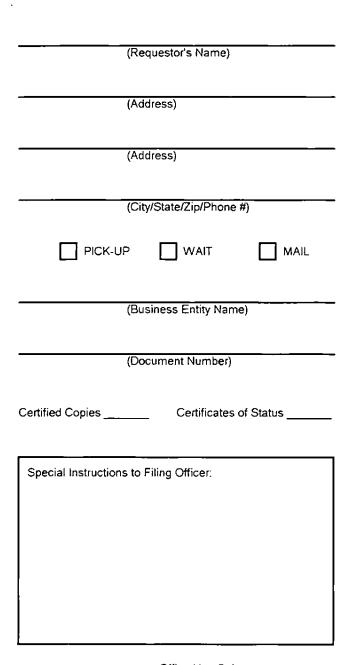
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Office Use Only



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RIVERTE

COVER LETTER

TO: Amendment Section

Division of Corpor	rations		
NAME OF CORPOR	ATION: L&D L ER: POZOCOC	auxiservice.	Iw.
DOCUMENT NUMB	ER. PUZOCOO	03143	
	of Amendment and fee are sub		
Please return all corres	pondence concerning this matt	er to the following:	
	Mic	racls. Deloac	h
		Name of Contact Person	
	L4DL	Firm/ Company	Inc.
		Firm/ Company	
	1355 (Nyers Roa	ϑ
	Prooks	Myers Roa Myers Roa wille, Fla.	34602
		City/ State and Zip Code	
		11	
	Estrelle @ ang pau	ed for figure annual report:	notification)
	2 11111 1101111111111111111111111111111		
For further information	n concerning this matter, pleas	e call:	
\sim · $^{\prime}$	150021	0.15	611 -4125
	of Contact Person	at (\circ) \circ	6 & Daytime Telephone Number
- \			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	alling Address		Address
	nendment Section vision of Corporations		Iment Section on of Corporations
\ P.0	D. Box 6327	Clifton	Building
\ Ta	llahassee, FL 32314		Executive Center Circle assee, FL 32301
		T STISD	2200CC, FL J4JU1

Articles of Amendment

to

Articles of Incorporation

of

(Name of Corporation a	as currently filed with the Florida Dept. of State)
P 02 0000	03143
(Document	Number of Corporation (if known)
rsuant to the provisions of section 607.1006, Florida Sta Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendmen
If amending name, enter the new name of the corpo	oration:
	The new
me must be distinguishable and contain the word 'Corp.," "Inc.," or Co.," or the designation "Corp," 'ord "chartered," "professional association," or the abb	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A."
Enter new principal office address, if applicable:	
rincipal office address <u>MUST BE A STREET ADDRI</u>	<u>ESS</u>)
Enter new mailing address, if applicable:	,
(Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered new registered agent and/or the new registered of	i office address in Florida, enter the name of the
	AND 100 to 100 t
Name of New Registered Agent	
	<i>;</i>
	(Florida street address)
New Registered Office Address:	(Florida street address), Florida (City) (Zip Code)

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change	<u>S</u>	Lee W. ThorAton	1355 Myers Poxol
Add			Brooksville, Fla.
Remove			34602
2) Change			
Add			.
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
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nendment provid	des for an exchange.	reclassification	, or cancellation	of issued shares	<u>L</u>
i <mark>ions for impleme</mark> not applicable, ir	enting the amendme	nt if not contain	ed in the amend	lment itself:	
noi applicable, il	nateate WA)				
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		<u> </u>		-,,	
	,				
		<u> </u>			

The date of each amendment(s) adoption:	, 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 block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	is date will 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 by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by Michal & Deloach "	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	holder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	er
Dated 7/14/2020 Signature Michael S. Deloch	
Signature Michael S. Delach	
(By a director, president or other officer - if directors or officers have not l	
selected, by an incorporator — if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	court
appointed inductary by that inductary)	
Michael S. Deloach	
(Typed or printed name of person signing)	
(Title of person signing)	