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14. HUMP

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION:Tuttle Larsen, P.A.				
DOCUMENT NUMI	BER: P02000045552				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this mat	tter to the following:			
	Kelly O'Rourke				
		Name of Contact Perso	n -	<u>'</u>	
	Tuttle Larsen, P.A.				
		Firm/ Company		1	
	3617 20th Street			-	•
		Address		-	
	Vero Beach, FL 32960				
		City/ State and Zip Cod	e	30.	G T
korourke@verobeachinjurylaw.com				Lucy.	REI E
 	E-mail address: (to be us	ed for future annual report	notification)		٠.
For further information	n concerning this matter, pleas	e cali:		 - Lul	
Kelly O'Rourke		at (772	563 0032		
Name of Contact Person Area Code & Daytime Telephon		Number	•		
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	ertment of State:	<u> </u> 	
□ \$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)		
Ame Divi: P.O.	ling Address Indiment Section Ission of Corporations Box 6327 Islansee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

No changes to Articles of Incorporation other than removing an officer (p2)

(<u>Name</u>	of Corporation as current	tly filed with the Florida Dept.	of State)
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation ado	pts the following amendment
A. If amending name, enter the new n	ame of the corporation:		77
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associations of the control of t	nation "Corp." "Inc," or	"Co". A professional corporati	
B. Enter new principal office address, (Principal office address MUST BE A S		N/A	
Trincipal Office address MOST BLAS	(TREET ADDRESS)		
			<u> </u>
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	
(Maning address MAT BE A 1931	OTTICE BO.		1 37
			戸室 ::
D. If amonding the registered court court	-d/	lucas da 1915 ad 1	E 7
D. If amending the registered agent ar new registered agent and/or the ne			of the
Name of New Registered Agent	N/A		
	(Florida st	reet address)	
New Registered Office Address:	N/A	Ţ	
New Registered Office Naturess.	(City)		Florida (Zip Code)
N. B. L. J.			
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent tered avent. I am familiar	<u>l:</u> with and accept the oblivations o	 of the position
, , , , , , , , , , , , , , , , , , , ,	. G - · · · - · · · y · · · · · · · · · · ·	по при	
			{
		 -	
	Signature of New i	Registered Agent, if changing	

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V = Vice i Executive Officer; CFO = held. President, Treasurer Changes should be noted	and/or D if necess rector titl President = Chief I r, Directo in the for	tary) The by the first letter of the office title: The Treasurer; S= Secretary; D= Director; The Inancial Officer. If an officer/director holds or would be PTD. Illowing manner. Currently John Doe is listed orporation, Sally Smith is named the V and S.	TR= Trustee; C = Cl. s more than one title, t d as the PST and Mike.	airman or Clerk; CEO = Ch. ist the first letter of each offi ones is listed as the V. There
X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	VP	Dana C. Larsen	3617 20 ST	
Add			VERO BEA	I 3H, FL <u>I</u>
X Remove			32960	
2) Change Add		-		2 1 3 1 5 AH
Remove 3) Change Add		_		FE 3
Remove 4) Change Add				
Remove 5) Change Add				
Remove 6) Change				
Add Remove				

Page 2 of 4

E. If amending or adding additional Articles, enter change(s) here:				
(Attach additional sheets, if necessary). (Be specific)	Н			
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	11			
provisions for implementing the amendment if not contained in the amendment itself:				
(if not applicable, indicate N/A)				
N/A				
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The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
04/04/2024	
Effective date if applicable: (no more than 90 days after amendment file date)	<u> </u>
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) (<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendre by the shareholders was/were sufficient for approval.	ient(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	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	tolder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	
4/4/2024 Dated	S AH
Signature Our arm	S (A)
(By a director, president or other officer - if directors or officers have not be	
selected, by an incorporator - if in the hands of a receiver, trustee, or other	c ourt
appointed fiduciary by that fiduciary)	
Jesse Larsen	
(Typed or printed name of person signing)	
President	
(Title of person signing)	