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COVER LETTER

TO: Amendment Section Division of Corporation		4	
·	R	Bend Reuly Jackson	, ,
NAME OF CORPOR	ATION:	Devio nearly jackson	/ , / ,
DOCUMENT NUMB	ER:	20000 86816	
The enclosed Articles of	of Amendment and fee are sub	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
	Rebe	Kah Rivers	
_		Name of Contact Person	
-			
	414 5	simmer brooke Direc	
		Address 4 Address 4 Address 7 3 2 3 1 2 City/ State and Zip Code	-
	E-mail address: (to be us	City/ State and Zip Code Co	γι
For further information	concerning this matter, pleas	e call:	
Rebekul	RIJES	at (870) 509-7900	
Name o	f Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for	the following amount made p	payable to the Florida Department of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)	
<u>Mail</u>	ing Address	Street Address	
	ndment Section ion of Corporations	Amendment Section Division of Corporations	
171713	octporations		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

2 -	of //	\mathcal{P} i	11	
Bix Bend 1	Zeu Hi	Judison	0.11ϵ , \Box	Fnc
Name of Corporation as	currently filed with the	Florida Dept. of State)		
Po 7	0000 81	6816		
(Document N	umber of Corporation (if	known)		
Pursuant to the provisions of section 607.1006, Florida Statu its Articles of Incorporation:	tes, this <i>Florida Profit C</i>	Corporation adopts the fo	ollowing amendr	nent(s)
A. If amending name, enter the new name of the corpora	tlon:			
			The ne	
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	c," or "Co". A profess			
B. Enter new principal office address, if applicable:				-
(Principal office address MUST BE A STREET ADDRESS	()		38 182	
		•	PC L	77
			PT N	
C. Enter new mailing address, if applicable:			H.	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			Sc. 3	
			mo -	
			구의 28	•
		 .	<u> </u>	-
D. If amending the registered agent and/or registered of	ice address in Florida,	enter the name of the		
new registered agent and/or the new registered office	address:			
Name of New Registered Agent				
	lorida street address)			
N B : 10# 11		Planta.		
New Registered Office Address:	(City)	, Florida	(Zip Code)	-
New Registered Agent's Signature, if changing Registered				
I hereby accept the appointment as registered agent. I am f	amiliar with and accept i	the obligations of the po.	sition.	
Signature of	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)

Remove

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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>SV</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address (/
I) Change	VD		Kebekah Rivers	414 Simme broke Tallahas see
AddRemove				Tallahus see Fz 32312
2) Change			-	
Add				
Remove				
3) Change	 			
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		 -		
Add				

(Attach ad	og or adding additional Articles, enter change(s) here: litional sheets, if necessary). (Be specific)
	
	
	
<u> </u>	
	
If an ame	dment provides for an exchange, reclassification, or cancellation of issued shares,
provisio	s for implementing the amendment if not contained in the amendment itself:
(if no	t applicable, indicate N/A)
	- ·

The date of each amendment(s) adop	ction:	, if other than the
date this document was signed.	7/24/18	
Effective date if applicable:	1/21/10	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depart	ek does not meet the applicable statutory filing requirement timent of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopte by the shareholders was/were suffice	ed by the shareholders. The number of votes east for the ame cient for approval.	endment(s)
	ved by the shareholders through voting groups. The following ch voting group entitled to vote separately on the amendment	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
action was not required. The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder action and sleed by the incorporators without shareholder action and shareholder	
Dated	7/24/18	and the same and t
Si		
selected, b	etor, president or uther officer – if directors or officers have a by an incorporator – if in the hands of a receiver, trustee, or officery by that fiduciary)	
_	EUGENE GROVER	PIVERS
	(Typed or printed name of person signing)	•
	PRESIDENT	
	(Title of person signing)	