P03000022508

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SPIDER ENTERP	RISES, INC.	
	BER: P03000022508		
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Joshua Strzałko		
	-	Name of Contact Pers	son
	Spider Enterprises, Inc.		
		Firm/ Company	
	4234 Heirloom Rose Pl.		
		Address	
	Oviedo, FL 32766		
		City/ State and Zip Co	ode
iosh	@eleet-tech.com		
	<u>-</u>	sed for future annual repo	ort notification)
			,
For further information	on concerning this matter, pleas	se call:	
Joshua Strzalko		at (9236926
Name	of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida De	partment of State:
S35 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)
	ailing Address		et Address
	nendment Section vision of Corporations		ndment Section sion of Corporations
	2). Box 6327		on Building
	llahassee, FL 32314		Executive Center Circle

Tailahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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.)	macı	1211	ICIDIISCS.	THU.

(Name)	of Corporation as curre	ntly filed with the Florida Dept.	of State)	
P03000022508				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation add	opts the following amendment(s	
A. If amending name, enter the new na	ime of the corporation:			
			The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corpora	rated" or the abbreviation	
B. Enter new principal office address,	if annlicable:	4234 Heirloom Rose Pl.		
(Principal office address MUST BE A S		Oviedo, FL 32766		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4234 Heirloom Rose Pl.	JUN -	
· · · · · · · · · · · · · · · · · · ·		Oviedo, FL 32766	ASS A	
		<u> </u>	9 0	
D. If amending the registered agent ar	id/or registered office ac	ldress in Florida, enter the nam		
new registered agent and/or the ne				
Name of New Registered Agent	Joshua Strzalko			
	4234 Heirloom Rose Pl.			
	(Florida	street address)		
New Registered Office Address:	Oviedo		32766 Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regis			of the position.	

Signature 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, 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 = C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each of 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. Ther 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 Char Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: 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	P	Dale W Frohman	5224 W SR 46, # 104
Add			SANFORD, FL 32771
X Remove			
2) Change	ь	Joshua J Strzalko	4234 Heirloom Rose Pl
X Add			Oviedo, FL 32766
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
0 0			
6) Change			
Add			
Remove			

4	al sheets, if necessary).				
n/a			,		
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f an amendm	nt provides for an excha	nge, reclassification	ı. or cancellation o	f issued shares.	
<u>provisions fo</u>	implementing the amend	lment if not contain	red in the amendm	ent itself:	
	licable, indicate N/A)				
n/a					
					<u>.</u>
					
			·—		
				·	

The date of each amendment(s) adoption:, if other date this document was signed.
Effective date if applicable:
Effective date <u>if applicable</u> : (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 not be lis document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
■ The amendment(s) was/were adopted by the shareholders. The number of votes east 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" (voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
DatedSignature
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Dale W. Frohman
(Typed or printed name of person signing)
Current President
(Title of person signing)

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