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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: LATASHA POUG	H INC.	
DOCUMENT NUMB			
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
I	LATASHA THOMAS		
-		Name of Contact Person	
-		Firm/ Company	
	7859 MONTEREY BAY DR	RIVE	
-		Address	
	JACKSONVILLE, FL 32256	5	
-		City/ State and Zip Cod	e
LMIC	HELLETHOMAS70@AOL		_1⁄_
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
LATASHA THOMAS		at (994-5138 de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artiment 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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LATASHA POUGH INC.	
(Name of Corporation as currently fi	ed with the Florida Dept. of State)
P03000047102	
(Document Number of Co	rporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	rida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
LATASHA THOMAS INC.	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co word "chartered," "professional association," or the abbreviation "P., B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	, A professional corporation name musi contain the
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the
Name of New Registered Agent	
(Florida street	address)
New Registered Office Address:	, Florida
New Registered Office Address.	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit.	
Signature of New Reg	istered 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.

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	Р	LATASHA THOMAS	7859 MONTEREY BAY DRIVE
X Add			JACKSONVILLE, FL 32256
Remove			
2) Change	P	LATASHA POUGH	7859 MONTEREY BAY DRIVE
Add			JACKSONVILLE, FL 32256
X Remove			
			
3) Change		-	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
_ Add			
Remove			
-			
6) Change			
Add			
_ Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
		
		_
		,
If an amendment provides for an excl	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	adment is not contained in the ancounting exer-	
(y not approximately assessed by		

The date of each amendment	(s) adoption:	, if other than the
date this document was signed		
man of the feet of the	October 1, 2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amenda ere sufficient for approval.	ment(s)
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following steed for each voting group entitled to vote separately on the amendment(s,	tatement);
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	·"	
v,	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and share	eholder
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and sharehold	ler
Dated Signature	20 Jasha Thomas	
(I s	By a director, president or other officer – if directors or officers have not elected, by an incorporator – if in the hands of a receiver, trustee, or othe ppointed fiduciary by that fiduciary)	been er court
	LATASHA THOMAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	