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(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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T. LEANIEUX

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: 35	Enterprise, Inc.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
3600 South Miramar, tytygeoro	Name of Contact Person Herprise, Inc. Firm/ Company State Rd 7 Suite 320 Address F/9 3 3023 City/ State and Zip Code Giald Amail. Com sed for future annual report notification)
For further information concerning this matter, pleas	se call:
Barbara D. Smit	Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
S35 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & ☐S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

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 Inc			
Pis Follow	is a Inc		
	1261711C.		
(Name of Corporation as curtent	ly filed with the Florida Dep	t. of State)	
	2048 1 44		
(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation a	dopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation:			
B's Futera	orises. T	nc.	The new
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation."	'Co". A professional corpor	orated" or the all ation name must o	bbreviation contain the
	3600 Sou	th Stat	e kd 7
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Su. 40	7 2 2 2	<u>- 7(0</u>
	700	3 <u>0</u>	72477
	Mirama	ir, t1	<u>35</u> QL
C. Enter new mailing address, if applicable:	P. O. Bo	V EEI	1.00
(Mailing address MAY BE A POST OFFICE BOX)	,		<u> </u>
	Opa Lock	< 9 , +	_/
		330	55
D. 16 11 11 11 11 11 11 11 11 11 11 11 11	. 176	S.1	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		ne of the	
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·		
			-
(Florida st	reet address)		
New Registered Office Address:		, Florida	
	(City)	(Zip C	Code)
New Registered Agent's Signature, if changing Registered Agent	<u>::</u>		
I hereby accept the appointment as registered agent. I am familiar		is of the position.	
			•-
	•	TO TO	113
Signature of New I	Registered Agent, if changing	6 (2) —	
	G G G G G G G G G G G G G G G G G G G	5	ETT
	•	图8	FIT
		무슨 중	40

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	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>\$V</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
i) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Add Remove				····
Remove				

If amending or adding Attach additional she	ets, if necessary).	(Be specific)				
						
						-
 						
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						-
		<u>. </u>				
If an amendment pr provisions for impl (if not applicable	ovides for an exchementing the ame le, indicate N/A)	nange, reclassificendment if not co	cation, or cance ontained in the	ellation of issue amendment its	d shares, elf:	
,						
<u> </u>			,			

The date of each amendment(s) adoption:	February	12/2018	, if other than the
date this document was signed. Effective date if applicable:	March 1 (no more than 90 days after	JO18 amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department o		ry filing requirements, this date w	fill not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)		
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		votes east for the amendment(s)	
☐ The amendment(s) was/were approved by the must be separately provided for each voting			
"The number of votes cast for the ame	endment(s) was/were sufficient	for approval	
by			
(17)	oting group)		
☐ The amendment(s) was/were adopted by the action was not required.	e board of directors without sha	reholder action and shareholder	
Dated Bau	e incorporators without shareho ary 12, 20 bana D.	lder action and shareholder 1/8 Smth	
selected, by an inc	sident or other officer – if direc corporator – if in the hands of a ry by that fiduciary)	receiver, trustee, or other court	
	Barbara	D. Smith	
	(Typed or printed name of pers	son signing)	
	Presiden	+	

(Title of person signing)