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(City/State/Zip/Phone #) PICK-UP WAIT MAIL MAS Exter or see Mc. of Clause (Business Entity Name) POB 000 934 80 (Document Number) Certified Copies Certificates of Status	2(0:11c 10/20/0901001001 **35.00
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	s Enterprises, Inc. of Crawyorduille
DOCUMENT NUMBER: Pos	0000 93480
The enclosed Articles of Amendment and fe	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
	Name of Contact Person
mms Ent	erprises (m. of Crawbordo: 12) Firm/ Company
	gott Pond Rd. Address BECT OCT
	Address 4 V: 11e F1. 32327 City/ State and Zip Code Used for future annual report notification) Address FLORE STATE FLORE STATE 99 42
For further information concerning this matt	- حر
Name of Contact Person	at (SCO) 528 - 0490 Area Code & Daytime Telephone Number
Enclosed is a check for the following amoun	t made 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) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

mma Ent	terpr: ses Luc	c. of crawle	ortv: (le
(Name of Corporation as curr			
>,3	0000 93480		
	nber of Corporation (if know	/n) ·	
	. ,	,	
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this <i>Flo</i>	orida Profit Corporation	adopts the following
•	f the comparation.		•
A. If amending name, enter the new name of	i the corporation:		
			The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the			
name must contain the word "chartered," "pro			Res S
B. Enter new principal office address, if app (Principal office address MUST BE A STREE			一類 5 貫
(Frincipal office duaress MUST BE A STREE	EL ADDRESS)		新型 <u>一</u> 四
			mg = 0
			පුසු ප
C. Entan new mailing address if applicable			ED AM 9: 1.2 SEE FLORIDA SEE FLORIDA
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI			3
(wearing warness sales and a second			
			
D. If amending the registered agent and/or	registered office address in	Florida, enter the name	of the
new registered agent and/or the new regi			<u></u>
Maria Maria Davida at Access			
Name of New Registered Agent:			
			
New Registered Office Address:	(Florida street ad	ldress)	
		, Florida	
	(City)	(Zip Code)	
Now Desigtaned Agentle Cignotum if shows	na Danistavad Anasta		
New Registered Agent's Signature, if changi I hereby accept the appointment as registered of		nd accept the obligations o	f the position
The same and the s			, me posmon
	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, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
$\overline{\mathcal{P}}$	Ryan Wade Qualls	11 Pigot Was	Add Remove
E. If ame	ending or adding additional Articles, en additional sheets, if necessary). (Be s	nter change(s) here: pecific)	
			09 0C
			T 19
		,	To A
			STATE STATE LORIDA
<u>provi</u>	amendment provides for an exchange, sions for implementing the amendmen f not applicable, indicate N/A)		
		*ank	***

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The date of each amendment(s)		
	(date of adoption is required)	
Effective date <u>if applicable</u> :	no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	ıt(s)
	approved by the shareholders through voting groups. The following states for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by	voting group)	•
(V	oting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharehol	lder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
		rt
	Tohu Crum (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Director	7038 1038
-	(Title of person signing)	HETARY OF