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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: _ <i>\emptyllf_C</i> o	ALACTING & NES	tonethon Survices Inc
DOCUMENT NUMBE	r: <i></i>	21476	
The enclosed Articles of	Amendment and fee are sul	bmitted for filing.	
Please return all correspo	ondence concerning this mat	tter to the following:	
-	MPH	Firm/ Company	Estonation Survice In(
_	2272 /	NW 13 AVENUE Address	
	Mana	City/ State and Zip Code	
_	-	City/ State and Zip Code (A) DAOL. CON1 (ed for future annual report	
For further information of	concerning this matter, pleas	se call:	
Name of	This Hollidge Contact Person	1 at (957/ Area Coo	de & Daytime Telephone Number
	he following amount made		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ameno Divisio P.O. B	ng Address Idment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

MALI Cartract	inc & Protoro	78020-5 PAIRE 02
(Name of Corporation as current)	y filed with the Florida Dept. o	OF STATE
(Name of Corporation as current)	7/	TALLAHASSES, FI
	f Corporation (if known)	
·	•	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation ado	pts the following amendment(s)
A. If amending name, enter the new name of the corporation:	1.11	
	\// <i>}</i>	The new
name must be distinguishable and contain the word "corporation," "or "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	A professional corporation nan	the abbreviation "Corp.," ne must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	_ <i>N/A</i>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	H/A	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		of the
Name of New Registered Agent		
(Florida str	reet address)	
New Registered Office Address:	. 1	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	:: with and accept the obligations o	of the position.
Signature of New R	Registered Agent, if changing	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)		

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	PT	John D	Poc	
X Remove	V	Mike J	<u>ones</u>	
X Add	<u>sv</u>	Sally S	a <u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u> Name</u>	<u>Addres</u> s
1) Change			Milhocl P. Holliday	2272 NW 13 AVE
Add Remove	/	0%	Milhrolf. Holliday	2272 NW 73 AVE MANGATE, 121 33663
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
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5) Change		_		
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Remove				
6) Change				
Add				
Remove				

	ling additional Articles, enter change(s) here: heets, if necessary). (Be specific)
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e	id for an auckness analysis fination or consultation of insued charge
nravisians for im-	provides for an exchange, reclassification, or cancellation of issued shares, plementing the amendment if not contained in the amendment itself:
(if not applica	ble, indicate N/A)
	
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1/1/2020	, if other than the
more than 4th days after amendment file date)	
/	to Jane 1981 of the Providence dec
et the applicable statutory filing requirements, the seconds.	is date will not be listed as the
(ONE)	
porators, or board of directors without shareholder	action and shareholder
holders. The number of votes cast for the amenda val.	nent(s)
reholders through voting groups. The following stape on the amendment(s):	itement
nt(s) was/were sufficient for approval	
or other officer – if directors or officers have not be alor – if in the hands of a receiver, trustee, or other nat fiduciary) White A House and or printed name of person signing)	
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