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| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Salanele Liniy Hemo)                   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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## COVER LETTER

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**TO:** Amendment Section Division of Corporations

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| NAME OF CORPOR                 | ATION: Glen A                               | 100ce Mc   |  |
|--------------------------------|---|--|--|
| DOCUMENT NUMB                  | ER:   |  |  |
| The enclosed <i>Articles o</i> | f Amendment and fee are su                  | bmitted for filing   |  |
| Please return all corresp      | oondence concerning this mat                | tter to the following:   |  |
| -                              | Glean Moo                                   | りで<br>Name of Contact Person<br>「ピートーニー<br>Firm" Company           | 1  |
| -                              | 2747  | S. Atla-   | nt.c   |
| -                              | DAjtza A Beau                               | City State and Zip Cod   | FL. 32118  |
|                                | 11ennemail address: (to be us               | and L. Conformal report  | notification)  |
| For further information        | concerning this matter, pleas               | se call:   |  |
| Clena N<br>Name o              | Contact Person                              | at ( <u>384</u><br>Area Co   | ) <u>5747-8559</u><br>de & Daytime Telephone Number                                    |
| Enclosed is a check for        | the following amount made                   | payable to the Florida Depa  | ariment 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) |
| Mailing Address                |   |  | Address  |

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 Incorporation

| Glen Moure Inc   |   |
|--|---|
| (Name of Corporation as current)   | y filed with the Florida Dept. of State)  |
|  |   |
| (Document Number of  | f Corporation (if known)  |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this is Articles of Incorporation:   | Florida Profit Corporation adopts the following amendment(s) t                  |
| A. If amending name, enter the new name of the corporation:  |   |
| V4   | The new   |
| iame must be distinguishable and contain the word "corporation" Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "word "chartered," "professional association," or the abbreviation " | $C\sigma^{**}$ A professional corporation name must contain the $-$             |
| 3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )   | <u>V 9</u>  |
| 7. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BON</u> )  | N'A.  |
| If amending the registered agent and/or registered office address     new registered agent and/or the new registered office address  ** ** ** ** ** ** ** ** ** ** ** **                             |   |
| Name of New Registered Agent \ \ \forall A \chi  |   |
|  |   |
| (Florida str   | cet address)  |
| New Registered Office Address:   | , Florida   |
|  | (City) (Zip Code)   |
| New Registered Agent's Signature, if changing Registered Agent; thereby accept the appointment as registered agent. I am familiar s  | with and accept the obligations of the bisition.  Cogistered 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 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>P1</u> | <u>John Doe</u> |                            |
|-------------------------------|-----------|-----------------|----------------------------|
| $\underline{X}$ Remove        | <u>V</u>  | Mike Jones      |                            |
| <u>X</u> Add                  | <u>SV</u> | Sally Smith     |                            |
| Type of Action<br>(Check One) | Title     | Name            | <u>Addres</u> s            |
| 1) Change                     |           | FRAA. Long      | 23923 Coon Rd<br>Astor, FL |
| _ <b>X</b> Add                |           | J               | Astor, FL.                 |
| Remove                        |           |                 | 32102                      |
| 2) Change                     |           |                 |                            |
| Add                           |           |                 |                            |
| Remove                        |           |                 |                            |
| 3 ) Change                    |           |                 |                            |
| Add                           |           |                 |                            |
| Remove                        |           |                 | <del></del> .              |
| 4) Change                     |           |                 |                            |
| Add                           |           |                 |                            |
| Remove                        |           |                 |                            |
| 5) Change                     |           |                 |                            |
| Add                           |           |                 |                            |
| Remove                        |           |                 |                            |
| 6) Change                     |           |                 |                            |
| Add                           |           |                 |                            |
| Remove                        |           |                 |                            |

|   | NA.                                   |                                       |                  |               |             |               |
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| f an amendment prov<br>provisions for implen<br>(if not applicable, | nenting the ame<br>indicate N.A.)     | ndment if not ed                      | ntained in the a | mendment itse |             |               |
| provisions for implen   | nenting the ame<br>indicate N.A.)     | ndment if not ed                      | ntained in the a | mendment itse |             |               |

| The date of each amendment(s) adoption: 5/30/20/7 date this document was signed.  | if other than the      |
|---|------------------------|
| Effective date if applicable: 5-30 2017  (no more than 90 days after amendment file date)   |                        |
| <b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Department of State's records.                                    | I not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)  |                        |
| ☐ The amendment(s) was were adopted by the shareholders. The number of votes cast 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  |                        |
| ☑ 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.  |                        |
| Dated 5/31/25/7   |                        |
| Signature  (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) |                        |
| <u>Glenn</u> <u>Moore</u><br>(Typed or printed name of person signing)  | <del></del>            |
| Prescalett. (Fitle of person signing)   |                        |