P04 0000 28549

(Requestor's Name)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(D)				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Amendment Section Division of Corporations •	
NAME OF CORPORATION: William	
DOCUMENT NUMBER: P040000	28549
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Janpa, F	Name of Contact Person Mes Fioce in C Pirmy Company Address Address City/ State and Zip Code Company Company City/ State and Zip Code Company Company City/ State and Zip Code
For further information concerning this matter, plea	ease call:
Savah Thompson Name of Contact Person	at (813) 477 - 4340 X & Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	
S35 Filing Fee	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

1.1.1	of .
William James	hore in Carn 1 15 811 1:29
P04000028549	ntly filed with the Florida Dept. of State)
	of Corporation (if known)
	,
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NA	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". "chartered," "professional association," or the abbreviation "P.A	"company," or "incorporated" or the abbreviation "Corp" A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	dress in Florida, enter the name of the
Name of New Registered Agent \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	······································
(Florida s.	treet address)
New Registered Office Address:	(City) , Florida (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	t:
hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
, \ \ \	

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 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>	Address
1) Change	<u></u>	- Rory Higginbotham	6171 N 13th St. Tampa, FL 33604
<u>≭</u> Add		~	Tampa, FL 33604
Remove			
2) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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<u>an amendmei</u>	t provides for an excha	ange, reclassificatio	n, or cancellation	of issued shares,	
City of good	mplementing the amen cable, indicate N/A)	dment if not contai	ined in the amend	ment itself:	
	came, marcure (v/A)				
1117			· · · · · · · · · · · · · · · · · · ·	····	
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The date of each amendment(s) adoption:date this document was signed.	0010	'	2040	, if other than the
Effective date if applicable:				
	(no more than 9	90 days afte	er amendment file dat	v)
Note: If the date inserted in this block does a document's effective date on the Department of		icable statu	tory filing requireme	nts, this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)			
The amendment(s) was/were adopted by the action was not required.	e incorporators, or	board of d	irectors without share	holder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		he number (of votes east for the ar	nendment(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/we	ere sufficie	nt for approval	
by		-	······································	
(vo	ting group)			
Dated July	3,202	<u>. O</u>		
	orporator - if in th	he hands of	ectors or officers have a receiver, trustee, or	
_Sa	(Typed or printed	<u>1000 P</u> I name of n	SON (erson signing)	
	(13) on or brimen		organ (ng.mag)	
<u>Se</u>	cretary			
	(Title of person si	igning)		