## P04000149659

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	 #)
(Bu	isiness Entity Nan	ne)
(Dc	xument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		ſ
N/C 3 A.		
	Office Use On	lv

ł



08/16/22--01011--009 \*\*35.00

SECRETARY OF STATE



COVER LETTER

**TO:** Amendment Section Division of Corporations

Albert Green NAME OF CORPORATION: DOCUMENT NUMBER:

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

at (<u>786</u>) <u>286-5483</u> Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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 Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

<u>Street Address</u> 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 of

Albert Green asterina Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Greer The new name must be distinguishable and contain the word "corporation," <sup>th</sup>company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 5014 SW 303 Street B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) tomestead, FL 33033 C. Enter new mailing address, if applicable: street (Mailing address MAY BE A POST OFFICE BOX) 37/33 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 registered office address: Name of New Registered Agent , SW, 303 street 14

	(Florida street address)		
<u>New Registered Office Address</u>	Homestead	, Florida	33032
			(Zip Code)

<u>New Registered Agent's Signature, if changing Registered Agent:</u> Thereby accept the appointment as registered agent. Tam 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) (c), F.S.

**Example:** 

## 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 = ChiefExecutive 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.

## X Change <u>PT</u> John Doe X Remove V Mike Jones <u>X</u> Add <u>sv</u> Sally Smith Type of Action Title Name Address (Check One) 60 SW 290 terrace#101-Burnet hompson 1) \_\_\_\_ Change Homesterd, FL 33033 \_\_\_\_ Add 36 IN Palm Drive 2) \_\_\_\_ Change Florida City, Fl Add Remove 3) Change Add \_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add \_\_ Remove 51 \_\_\_\_ Change \_\_\_\_\_ Add Remove ර) \_\_\_\_ Change \_\_\_\_\_ Add \_\_\_\_ Remove

<u>f amending or adding additional Art</u> Attach <i>additional sheets, if necessary).</i>	(Be specific)
	<u> </u>
<u> </u>	
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) adoption: <u>AUQUSE 10, 2022</u> . if other than the date this document was signed.
Effective date <u>if applicable</u> : <u>AVQUSE (D, 2022</u> (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
□ 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. <i>The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):</i>
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
Dated AUGUST 11, 2027
(By a director, president of 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)
(Typed or painted name or person signing)
Secretary
(Title of person signing) $\bigcirc$

-