P04000159684

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(Business Entity Name)	08/05/1901025014 ++
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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: _____ 10997 Project, INC DOCUMENT NUMBER: P04000159684 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mayline Torres Name of Contact Person 10997 Project, INC Firm/ Company 9501 N.W. 109 Street Address Medley, FL 33178 City/ State and Zip Code mtorresinterfla@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mayline Torres Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filling Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

10997 Project, INC				
(Name o	of Corporation as currently t	filed with the Florida Do	ept. of State)	1
P04000159684				
	(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F7	orida Profit Corporation	adopts the following	g ameno
A. If amending name, enter the new na	ime of the corporation:			
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	action "Corp," "Inc," or "Ce	o". A professional corpe	porated" or the algorithm or the algorithm part of the properties	_The r bbreviat contain
B. Enter new principal office address,	if applicable:			
(Principal office address MUST BE A S				
			· -	
				_
C. Enter new mailing address, if appli	icabla:			
(Mailing address MAY BE A POST of			<u> </u>	
	_		20	
				-
			<u> គេក៏</u>	<u> </u>
D. If amending the registered agent an	ullar registered affice addres	ee in Florida, ontor the n	ame of the	+
new registered agent and/or the new		S III I 101 IGAÇ CITCI CIC II.	10	4
Name of New Registered Agent	Mayline Torres			#
tume of New Registered Agent	9501 N.W. 109 Street	.		بر س
				3
	(Florida street	t adaress)	33178	
New Registered Office Address:		,,	, Florida	
	((,	Ng9	(Zip C	ode)
New Registered Agent's Signature, if c	hanging Registered Agent:			
I hereby accept the appointment as regist	tered agent. I am familiar wit	th and accept the obligation		
		1	1	1

P = President; V = Vice I Executive Officer; CFO = held. President, Treasurer Changes should be noted a change, Mike Jones lew Mike Jones, V as Remove,	if necess ector title resident Chief I Directo in the for ves the c	ary) e by the first letter of the office title; ; T= Treasurer; S= Secretary, D - Director; TR= Triancial Officer. If an officer/director holds more or would be PTD. Howing manner, Currently John Doe is listed as the orporation, Sally Smith is named the V and S. These	than one title, list the first letter of c PST and Mike Jones is listed as the \
Example: <u>X</u> Change	<u>PT</u>	John Doe	
\underline{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>	<u>Addres</u> s
1)Change	P	Leonel Diaz	9501 N.W. 109 Street
Add			Medley, FL 33178
X Remove			
2) Change	Р	Mayline Torres	9501 N.W. 109 Street
XAdd			Medley, FL 33178
Remove			
3) Change		_	
Add			19 C
Remove			
4) Change			
Add			S: 3
Remove			- 6
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, i

E. If amending or adding additional Articles, enter change(s) here:		1
(Attach additional sheets, if necessary). (Be specific)		
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	A	4
provisions for implementing the amendment if not contained in the amendment itself:	(1) 22 (1) 22	
(if not applicable, indicate N/A)		7
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The date of each amendment(s) adoption: $\frac{S}{Z_{-}}$	if oth
Effective date if applicable: $\frac{5}{24}/9$	
(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 n document's effective date on the Department of State's records.	t be fi
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 cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ 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.	
	1
Signature CONPITAL	9 007 10
(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)	ت ق آ
	<u>بر</u>
(Typed or printed name of person signing)	i
President	
(Title of person signing)	