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

TO: Amendment Section

Division of Corporations

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

Taliahassee, FL 32314

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: LINDA BEOUN For further information concerning this matter, please call: Enclosed is a check for the following amount: **\$43.75** Filing Fee & S35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

Street Address

Amendment Section

409 E. Gaines Street

Tallahassee, FL 32399

Division of Corporations

\mathcal{F}_{II}
Articles of Amendment to Articles of Incorporation of ALLANGIZ PMIZ: 2
Articles of Incorporation
of ALLANDAY OF
Of Name of corporation as currently filed with the Florida Dept. of State) ALLAHASSEE, FLORID,
(Name of corporation as currently filed with the Florida Dept. of State)
Parasa = 13×1
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
<u>AMENDMENTS ADOPTED</u> - (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (<u>BE SPECIFIC</u>)
ARTICLE THREE, THE PURPOSE FOR LOHICH
#15 CORPORATION IS OR SANIZED 15;
ANY ANDALL LAWFUL BLISINESS PERMITED
BUUS, AND STATE of HORIDA.
ANTICLE FOUR THE NUMBER OF SHAXES
THE CORPORATION IS ANTHORIES TO ISSUE
18 t 1 x pattle resident Starte
13 100 MUHHOLIZED COMMON STIKES
WITH NO FAR WILL.
(Attach additional pages if necessary)
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: 8/1/05
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were approved 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.
Signed this 8 day of August 3005
Signature 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)
LINDA M. BROWN
(Typed or printed name of person signing)
VICE PRESIDED
(Title of person signing)

FILING FEE: \$35