| P05000143531 |
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| (Requestor's Name) | |
|---|--|
| (Address) | |
| (Address) | |
| | |
| (City/State/Zip/Phone #) | |
| | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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83/25/20--01015--003 ++85.00



APR 07 2020 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

:

NAME OF CORPORATION: Nothing General About It. Inc. P05000143531 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:

Roberto Spadavecchia at (561) 208 5947 Name of Contact Person 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

S43.75 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 Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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| the second s | Articles of Amendment to |
| | Articles of Incorporation |
| | ef . To T |
| Nothing (Jener | YAL A'DOWA 14 INC |
| | all as currents and whith the riorida pepe of state |
| <u> </u> | 2 1 4 5 5 3 1 cument Number of Corporation (if known) |
| | |
| is Articles of Incorporation: | orida Statutes, this Elorida Profit Corporation adopts the following amendment(s, |
| A. If amending name, enter the new name of th | e corporation: |
| | The new |
| | t "corporation," "company," or "incorporated" or the abbreviation "Corp.," Inc," or "Co". A professional corporation name must contain the word |
| Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u> | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | BOX |
| | |
| new registered agent and/or the new register | istered office address in Florida, enter the name of the |
| new registered agent and/or the new register | red office address: |
| new registered agent and/or the new register | red office address: |
| new registered agent and/or the new register | red office address: |

Signature of New Registered Agent, if changing

Check if applicable

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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)

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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>۹٬۲</u> | John Doc | |
|-------------------------------|--------------|-----------------------|-------------------|
| X Remove | Y | Mike Jones | |
| <u>X</u> Add | <u>SV</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | Address |
| 1) Change | <u>V</u> . | Kristina Spadaxechia. | |
| Add | | | Sule 15-372 |
| K Remove | | | Brea Rano FL33433 |
| 2) Change | | | |
| Add | | • | |
| 3) Remove | | | |
| Add | | | |
| Remove | | | <u></u> |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Ghange | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | <u> </u> | |
| Add | | | 1 |
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| f an amendment provides for provisions for implementing | or an exchange, 7 the amendmer | reclassification | <u>n, or cancellation</u> ned in the amen | i os issuer snare. Iment itself: | <u> </u> |
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| The Pate of each amendment(s) | adoption: 1/30/2020 | if other than the |
|---|---|---|
| date this document was signed. | | |
| Effective date if applicable: | 1/20/2020 | |
| Elective date <u>in appir abic</u> . | (normore than 90 days after amendment file da | le) |
| Note: If the date inserted in this document's effective date on the I | block does not meet the applicable statutory filing requirement Department of State's records. | ents, this date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| E The amendment(s) was/were a action was not required. | dopted by the incorporators, or board of directors without share | cholder action and shareholder |
| The amendment(s) was/were a by the shareholders was/were | dopted by the shareholders. The number of votes cast for the a sufficient for approval. | mendment(s) |
| | pproved by the shareholders through voting groups. The follow or each voting group entitled to vote separately on the amendm | |
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| by | | |
| | (voting group) | |
| Dated/ | 30/2020 | |
| Signature | | 1 |
| select | clirector, president or other officer - if directors or officers hav led, by an incorporator - if in the hands of a receiver, trustee, o inted fiduciary by that fiduciary) | |
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| | (Typed or primed name of person signing) | |
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| | (Title of person signing) | |

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