P05000153878

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COVER LETTER

TO: Amendment Section

Division of Corporations

POFFIN CO. NAME OF CORPORATION: Arch O & P Inc. DOCUMENT NUMBER: _____P05000153878 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Matthew Solazzo, Sr. Name of Contact Person Arch O & P Inc. Firm/ Company 3347 S State Rd. 7 - 206A Address Wellington, FL 33449 City/ State and Zip Code For further information concerning this matter, please call: Matthew Solazzo, Sr. at (561) 706-9617

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing 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 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

		nendment	6
	to Articles of Inco	rporation	10 (C)
	of		٢٠٠٠ د ي
rch O & P Inc.			
(<u>Name of (</u>	Corporation as currently	filed with the Florida Dept. of State)	رغ
05000153878			7
	(Document Number of	Corporation (if known)	
ursuant to the provisions of section 607.100 Articles of Incorporation:	06, Florida Statutes, this F	Ilorida Profit Corporation adopts the foll	owing amendment(s) to
If amending name, enter the new name	e of the corporation:		
A// G			The many
ame must be distinguishable and contain the lnc.," or Co.," or the designation "Corp chartered," "professional association," or	p," "Inc," or "Co". A	ompany," or "incorporated" or the abbre professional corporation name must co	viation "Corp.," ontain the word
. Enter new principal office address, if a	inplicable:	ALLA	
Principal office address <u>MUST BE A STR</u>		4-4-4-II-A	
Enter new mailing address, if applical			
(Mailing address <u>MAY BE A POST OF</u>	TICL BOX)		
(Mailing address MAY BE A POST OF	or registered office addre	ess in Florida, enter the name of the	
(Mailing address <u>MAY BE A POST OF</u>	or registered office address:	ess in Florida, enter the name of the	
(Mailing address MAY BE A POST OF	or registered office addre	ess in Florida, enter the name of the	
(Mailing address MAY BE A POST OF If amending the registered agent and/s new registered agent and/or the new r	or registered office address:		
(Mailing address MAY BE A POST OF If amending the registered agent and/s new registered agent and/or the new r	or registered office address:		
(Mailing address MAY BE A POST OF If amending the registered agent and/s new registered agent and/or the new r	or registered office address: N A		

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)

Example:

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.

X Change	<u>PT</u>	<u>John Do</u>	<u>oe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	nes	
X Add	<u>\$V</u>	<u>Şally Şr</u>	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	PD	_	Matthew Solazzo, Sr	7247 Via Abruzzi
X Add				Lake Worth, FL 33467
Remove				
2) Change		_		
Add X Remove				6650 Emalyn Court
X Remove 3) Change	D	_	Jonathan Shochat	
Add				Lake Worth, FL 33467
Remove				
4) Change		_		
Add				ergan Mile
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. <u>If amendi</u> ng	or adding additional Articles, enter change(s) here:
(Attach additi	onal sheets, if necessary). (Be specific)
	NIA
	/\ /H
····-	
	
F. <u>If an amendi</u>	ment provides for an exchange, reclassification, or cancellation of issued shares,
provisions i (if not a	or implementing the amendment if not contained in the amendment itself: pplicable, indicate N/A)
	•/ / 6
/	<u>V/M</u>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date	e)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirement Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sharel	holder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the are sufficient for approval.	nendment(s)
	approved by the shareholders through voting groups. The follow for each voting group entitled to vote separately on the amendment	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	."	
•	(voting group)	
Dated	30, 2020 Markh	
sele	a director, president or other pflicer - if directors or officers have setted, by an incorporator - if in the hands go a receiver, trustee, or ointed fiduciary by that fiduciary)	e not been other court
	Matthew Solazzo, Sr	
	(Typed or printed name of person signing)	
	President, Director	
	(Title of person signing)	