P05000163025

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> 2022 MAR I I PM 2: 12 SECREDARY OF STATE

Cf 3/22/2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON: MCDUFF CORP				
DOCUMENT NUMBER:	P05000163025				
The enclosed Articles of Am	endment and fee are sub	omitted for filing.			
Please return all corresponde	ence concerning this mat	ter to the following:			
BASE	EL SAFAR				
		Name of Contact Person			
	Firm/ Company				
8832	HOLBORN CT				
		Address			
JACK	SONVILLE FL 32217				
		City/ State and Zip Code			
BASE	BASEL143@GMAIL.COM				
F	E-mail address: (to be use	ed for future annual report	notification)		
For further information conc	erning this matter, pleas	e call:			
BASEL SAFAR		at (699-1174		
Name of Con	tact Person	Area Coo	le & Daytime Telephone Number		
Enclosed is a check for the fe	ollowing amount made p	payable to the Florida Depa	rtment 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)		
P.O. Box ϵ	nt Section f Corporations	Amendi Division The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303		

Articles of Amendment to Articles of Incorporation of

FILED

2022 MAD II DM 2- 12

MCDUFF CORP		2022 MAR 11 PM 2: 12	
(<u>Name</u>	of Corporation as curren	tly filed with the Florida Depte of State)	
P05000163025		thy filed with the Florida Depte of State) TALLAHASSEE, FL	
		of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) t	
A. If amending name, enter the new n	ame of the corporation:		
MCDUFF AVE CORP		The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cohartered," "professional association,"	Corp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word	
B. Enter new principal office address, if applicable:		660 MCDUFF AVE	
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	JACKSONVILLE FL 32205	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8832 HOLBORN CT	
		JACKSONVILLE FL 32217	
D. If amending the registered agent ar			
new registered agent and/or the ne	· ·	<u>ss:</u>	
Name of New Registered Agent	BASEL SAFAR		
	8832 HOLBORN CT		
	(Florida s	street address)	
New Registered Office Address:	JACKSONVILLE FL	, Florida 32217	
	 	(City) (Zip Code)	
New Registered Agent's Signature, if c			
t nereny accept the appointment as regis.	ierea ageni, Fam jaminas	with and accept the obligations of the position.	
	Signature of New	Registered Agent, if changing	
Check if applicable			
It It			

 \square 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)

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	PT	John Do	<u>c</u>	
X Remove	<u>V</u>	Mike Joi	nes .	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		· · · · · · · · · · · · · · · · · · ·
Add				
Remove				
2) Change				
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

. <u>If am</u> endi	ng or adding additional Articles, enter change(s) here:	
(Attach add	litional sheets, if necessary). (Be specific)	
		
		
		
If an amer	dment provides for an exchange, reclassification, or cancellation of issued shares,	
provision	s for implementing the amendment if not contained in the amendment itself: tapplicable, indicate N/A)	
	appucame, maicule win	
/A		
		_

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
C		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, epartment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amend ufficient for approval.	lment(s)
	proved by the shareholders through voting groups. The following streach voting group entitled to vote separately on the amendment(s	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	."	
,	(voting group)	
2/23/2022 Dated		
Signature		
selecto	lirector, president brother officer in directors or officers have not ed, by an incorporator – if in the hands of a receiver, trustee, or other tiduciary by that fiduciary)	
	BASEL SAFAR	
	(Typed or printed name of person signing)	
	P	
	(Title of person signing)	