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(Requestor's Name)	
(Address)	
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(Crty/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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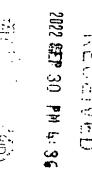
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N/C & Amend

10/03/22--01002--004 **35.00



2022 SEP 30 AH 11:1

A. RAMSEY OCT - 3 2022

Advanced Incorporating Service

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: wlopez@aisincfl.com Website: www.aisincfl.com

Phillips Low P.A.
FOR OFFICE USE ONLY
PICK ONE:
CERTIFIED COPYPHOTOCOPYC.U.S.
ILING:
CORPORATIONLLCLIMITED PARTNERSHIPGENERAL PARTNERSHIP
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FOREIGN QUALIFICATIONJUDGMENT LIEN
OTHER
RETRIEVAL:
GOOD STANDING CERT/C.U.SCERTIFIED COPYPHOTOCOPY
Of
POSTILLE/NOTARY CERTIFICATION REQUEST:
Country
Amount of Documents
DATE 7/30/22 TIME
lotes:

Articles of Amendment to Articles of Incorporation

FILED

2022 SEP 30 AM 11: 10

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PUCCIOS CANT	012 + 26	ALEK P. A.		
(Name'of Corporati	on as currently	tiled with the Florida	Dept. of State)	11.00%
<u> </u>	<u> - 8177</u>	Corporation (if known		
(Docum	nent Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floridate Articles of Incorporation:	a Statutes, this I	Florida Profit Corporat	ion adopts the follo	owing amendment(s) t
A. If amending name, enter the new name of the co	orporation:			
Phillips 1 name must be distinguishable and contain the word "co	LAIN P.	1.		The new
name must be distinguishable and contain the word "co" "Inc.," or Co" or the designation "Corp," "Inc." "chartered," "professional association," or the abbre	" or "Co". A	ompany," or "incorpora professional corporat	ated" or the abbrevion name must co	viation "Corp.," ontain the word
3. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADE</u>		<u> </u>	 	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>(X</u>)			
). If amending the registered agent and/or register new registered agent and/or the new registered of		ess in Florida, enter th	e name of the	
Name of New Registered Agent				
	(Florida stree	et address)		
New Registered Office Address:			, Florida	
	(0	City)	(4	Zip Code)
ew Registered Agent's Signature, if changing Regi hereby accept the appointment as registered agent. I		th and accept the obliga	ations of the positio	วท.
Ciona	tura of Nam Pag	istered Agent, if chang	ina	
Signa.	ture of them Keg	пыетей муеті, 13 спапу	mg .	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	_5	Ist FACY B. Shallow	4000 Hollyword Piled
Add			4000 Hollyword Bugl Sate 500 N
X Remove			Hollywood, FL 31021
2) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
-	
	
f an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(9	

The date of each amendment(s) a	doption;	, if other than the
date this document was signed.		
Effective date if applicable:		
- 	(no more than 90 days after amendment file dat	(e)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requireme partment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without share	holder action and shareholder
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the ar	mendment(s)
must be separately provided for	roved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	4/30/2012 PRAGY VP	
Signature	FORKOV VP	
	recto, president or other officer – if directors or officers have	not been
	l, by an incorporator – if in the hands of a receiver, trustee, or	other court
appoint	ed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	-
	Nice Presinent	
	(Title of person signing)	