P0600040803

(Requestor's Name)
(Address)
(Address)
(City (Chapter City (Chapter)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Document Number)
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JUN 22 2017 S. YOUNG

COVER LETTER

Division of Corpora	tions		
NAME OF CORPORA	TION:) (othorges,	Inc.
DOCUMENT NUMBE	r: <u> </u>	00040803	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
	Adrie	nne St.C Name of Contact Perso	laic
	Dian	Name of Contact Perso	n
	<u> </u>	Firm/ Company	
	390 GR	Address	,
		Address	
	Yorax Sville	Flozzida 3 City/ State and Zip Cod	1604
,			
ad.	Ciennestalai E-mail address: (to be us	CDOCCMAIL.	notification)
		•	·
For further information e	oncerning this matter, pleas	e call:	
Adrience "	St. Clar	at (<u>35</u> 2	de & Daytime Telephone Number
Enclosed is a check for the	ne following amount made p	bayable to the Florida Depa	artment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailin	g Address	Street	Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

: 1 , 7 (.07 1 70)(.5) 11 10	. /			
(Name of Corporation as currently file	ed with the Florida Dept. of State)		
<u> </u>				
(Document Number of Co	poration (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	ida Profit Corporation adopts the f	ollowing	g amend	lmeni(s
A. If amending name, enter the new name of the corporation:				
N/G			The n	iew
NAGE and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co" word "chartered," "professional association," or the abbreviation "P.A.	. A professional corporation name	r the al e must c	breviat contain	ion the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NCC			
C. Enter new mailing address, if applicable:		7:1	17	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/C	: - : : ·		→* <u>:</u>
_		-		. 다 _ : 기
). If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the	1+	:: ::3	
Name of New Registered Agent N CC				
(Florida street ac	(dress)			
New Registered Office Address:	, Florida			_
(City)	(Zip Code)		

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	<u>РТ</u>	John Doc		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	Address	
1) Change	P	Deborn Davis		
Add Remove				
2) Change	T	Debora Davis		
Add Remove 3.) Change Add	P	Adrienne St. Clair	390 GRAND AVE Brooksville FL 34604	
Remove 4) Change Add	T	Atrienne St. Ckir	3/106eard Ave Brooksville, FL 34604	
Remove 5) Change Add				
6) Change Add				

	(Be specific)
NIC	
	
788	
f an amundment provides for an evol	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
Ancellation of 5	O Shakes From Debota Davis
exchange of 3	00 Shares (fun Debora Davis
o Adrience of (Tair

The date of each amendment(s) adoption:	, if other than the
-	
Effective date if applicable: (no more than 90 days after ame.)	ndment file date)
	,,
Note: If the date inserted in this block does not meet the applicable statutory fi document's effective date on the Department of State's records.	ling requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes by the shareholders was/were sufficient for approval.	s cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting group must be separately provided for each voting group entitled to vote separately of	
"The number of votes cast for the amendment(s) was/were sufficient for a	pproval
by	··
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without sharehol action was not required.	ider action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder a action was not required.	action and shareholder
Dated Jone 10, 2017 Signature AFE	
Signature Africa	
(By a director, president or other officer – if directors selected, by an incorporator – if in the hands of a rece appointed fiduciary by that fiduciary)	
Advience St. Clay (Typed or printed name of person s	
(Typed or printed name of person s	igning)
Vice Piesident (Title of person signing	Ecretary
(Title of person signing)