P06000083043

(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		

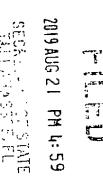




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COVER LETTER

TO: Amendment Section Division of Corporations

1
NAME OF CORPORATION: Marshall Enterprise of the Sunshine State Inc. DOCUMENT NUMBER: POLODOO083043
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jillian Denmik Name of Contact Person
Denmark Dynamics, LLC
10 SE Central Parkway, Suite 100
Stugyt, FL 34994 City/ State and Zip Code
E-mal address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (772), 291-6365 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Marshall Enterprise of the	Sunghine State Inc.
(Name of Corporation as currently	filed with the Florida Dept. of State)
P06000083043	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this F_0 its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
A. It amending name, enter the new name of the corporation.	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	20
	40
	2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	0.7
(making address <u>may be a rost of rice box)</u>	
	- Target 59
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
	······································
Name of New Registered Agent Tillian D	37)mark
<u>10 SE Centi</u> (Florida stree	ral Parkway, Suite 100
Strant	. 211001
New Registered Office Address:STUOYT	. Florida <u>3799 7</u>
{(City) (Zip Code)
Non-Begistered Agent's Signature if changing Begistered Agent.	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
	, , ,
1 M. 1 X	
Julian Och	imatic
Signature of New Reg	gistered Agent, if changing

Page 1 of 4

•					
address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V= Vice i Executive Officer; CFO = held, President, Treasure, Changes should be noted	and/or D if necess rector titl President = Chief I r, Directo in the fo- ves the c , and Sal	rirector being add sary) The by the first letter The Treasurer; Some said officer, or would be PTD, though manner, Corporation, Sally Syly Smith, SV as an	ed: of the office title: = Secretary; D= Dire If an officer/director Currently John Doe is Smith is named the V a	ctor: TR= Trustee: C = Ct holds more than one title. listed as the PST and Mike	gremoved and title, name, and hairman or Clerk: CEO = Chief list the first letter of each office Jones is listed as the V. There is d as John Doe, PT as a Change.
X Change	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			I
X Add	<u>SV</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s	,
1) Change	VP	<u>Lie</u>	<u>xa Marsha</u>	11 1649	SW Albatross War
Add				<u> Palm</u>	City, FL 34990
X Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change				<u></u>	
Add					-
Remove					-
5) Change					
Add					
Remove					<u> </u>
6) Change					
Add					

__ Remove

amending or adding additional Articles, enter change(s) here: attach additional sheets, if necessary). (Be specific)	I
	. <u> </u>
	 !
	i
	- -, -
	<u>:</u>
f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
	1
	-

The date of each amendment(s) adoption: 8/1/2019	if other than the
date this document was signed. Effective date if applicable: 8/1/2019	
Effective date if applicable: 8/1/2019 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	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 cast for the amen by the shareholders was/were sufficient for approval.	dment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for 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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	areholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. ### Add to shareholder action and shareholder action was not required.	older
Signature (By a director, president or other officer – if directors or officers have no	l ot been
selected, by an incorporator – if in the hands of a receiver, trustee, or ot appointed fiduciary by that fiduciary)	
Topald Mayshal, (Typed or printed name of person signing)	
President (Title of person signing)	
TOBE OF DELOG SPINING	