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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO			
DOCUMENT NUM	1/07/00/00/2201 BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	atter to the following:	
	BARB MCBRIDE		
	SOUTH BEACH TAX & FI	Name of Contact Person NANCIAL SERVICES	11
	1692 PENMAN ROAD	Firm/ Company	
	JACKSONVILLE BEACH,	Address FL32250	
		City/ State and Zip Cod	e
	COLADHIT@GMAIL.COM	N 1	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	a concerning this matter, pleas	se call:	
BARB MCBRIDE		904 at (241-2533
Name c	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

COLA	HARRIS,	INC.
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(Name of Corporation as current P07000002201	ly filed with the Florida Dept. of :	State)
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts	the following amendment(s)
A. If amending name, enter the new name of the corporation: $N A$		
name must be distinguishable and contain the word "corporation," ' "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	4 projessional corporation name	The new eabbreviation "Corp.," must contain the word
3. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	
		. W.
2. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address N/A	ress in Florida, enter the name of	the
Name of New Registered Agent		
N/A	rect addressj	
New Registered Office Address:	(City) Flo	rida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent.—I am familiar	<u>:</u> with and accept the obligations of t	he position.
Signature of New I	egistered Agent, if changing	

 \Box 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:

Example: X Change	<u>PT</u>	<u>John Doc</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Clunge	PD	Cola H. Harris	6617 Dolphin Cove Drive
			Apollo Beach, FL 33572
Add X Remove			
	PD	Cola Harris Bailey	6617 Dolphin Cove Drive
2) Change X Add			Apollo Beach, FL 33572
Remove 3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attac	anding or adding additional additional sheets, if necess	ary). (Be specific)		
N/A	·	• •			
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16			•4	41 .1 E1 1 1	
Drov	mendment provides for a sions for implementing th	r exchange, rectass e amendment if no	nication, or cance Leontained in the	amendment itself:	ares,
(f not applicable, indicate N	(4)	- <u>-</u>		
NA					
-					
					
					
				 	

OCIO	BER 23, 2020	
The date of each amendment(s) adoption: $\frac{10/9}{2}$ date this document was signed.	3 2 0	_, if other than the
Effective date if applicable:		
(no.	more than 90 days after amendment file date)	
Note: If the date inserted in this block does not me document's effective date on the Department of State	et the applicable statutory filing requirements, this date will 's records.	not be listed as the
Adoption of Amendment(s) (CHECK	QNE)	
The amendment(s) was/were adopted by the incorpaction was not required.	porators, or board of directors without shareholder action and	shareholder
Cl The amendment(s) was/were adopted by the sharel by the shareholders was/were sufficient for approx	holders. The number of votes east for the amendment(s) val.	
The amendment(s) was/were approved by the share must be separately provided for each voting group	cholders through voting groups. The following statement or entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendmen	ut(s) was/were sufficient for approval	
by	^	
(voting gr	oup)	
		— · Y
President	or printed name of person signing)	
(Title e	of person signing)	

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