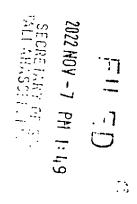
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Crossroads Medicinal Solutions Inc
DOCUMENT NUMBER: POTODOOS 6 5 6
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Howard Rritten Name of Contact Person
Firm/ Company
1900-S. Washington Ave
Address Amds Fl 32703
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Havard Britten To at (321) 246-1676 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee

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

Street Address
Amendment Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Crossroad	e Mechanical	Solution	The second
(Name of	Corporation as currently filed wit	h the Florida Dept. of State)	127 6
POTOSOD	31600		<u> </u>
	(Document Number of Corporati	ion (if known)) (1년~4 (기년) (10 년
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this <i>Florida Pr</i>	rofit Corporation adopts the fol	lowing amendment(s
A. If amending name, enter the new nam	ne of the corporation:		0
Crossroads F	Fir & Hear	Inc	The new
name must be distinguishable and contain to "Inc.," or Co.," or the designation "Co "chartered," "professional association," o	rp," "Inc." or "Co". A profession	or "incorporated" or the abbro onal corporation name must c	viation "Corp" contain the word
B. Enter new principal office address, if (Principal office address MUST BE A ST)			
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O			
D. If amending the registered agent and new registered agent and/or the new	/or registered office address in Flo registered office address:	orida, enter the name of the	
Name of New Registered Agent			
-	(Florida street address		
V D : 100 411		Elorida	
New Registered Office Address: _	(City)	, Florida	(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe.	anging Registered Agent: red agent. I am familiar with and a	eccept the obligations of the pos	ition.
	Signature of New Registered	Agent, if changing	

Check if applicable

[☐] 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)

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>F 1</u>	John Doc	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			-w
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			*
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
	1,-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,-1
	change, reclassification, or cancellation of issued shares,
or an amendment provides for an exc	andment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
If an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate MA)	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
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provisions for implementing the ame	endment if not contained in the amendment itself:

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The date of each amendment(s) adopt	ion:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendme	nt file date)
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing nent of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors wit	hout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes casent for approval.	t for the amendment(s)
	d by the shareholders through voting groups. voting group entitled to vote separately on the	
"The number of votes cast for t	ne amendment(s) was/were sufficient for appro	oval
by		<u>,"</u>
	(voting group)	
Dated \\- _	2022	
Signature Volum	I South la	
(By a direct	or, president or other officer – if directors or of	
	an incorporator - if in the hands of a receiver, duciary by that fiduciary)	trustee, or other couri
	Howe of Frinted name of person signing	
	<i>₽</i> ,1	757
•	(Title of person signing)	