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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: FIOC	enza and	Company, Inc
DOCUMENT NUMBI	er: <u>P070</u> (000 4445	<u>5</u>
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
-	Rona	Name of Contact Person	enza
-	tions	Firm/ Company	Company, Inc
_	5580	W Walte	r Ave
-	Lake C	City/ State and Zip Code	32024
	Randbfig. E-mail address: (to be us	sed for future annual report	mail. Com
For further information	concerning this matter, pleas	se call:	
Name of	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address	· · · · · · · · · · · · · · · · · · ·	Address ment Section

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

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

Articles of Amendment to Articles of Incorporation of

fiorenza and (Zompany, Inc.
PO70000 44455	filed with the Florida Dept. of State)
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s)
A. If 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 <u>MUST BE A STREET ADDRESS</u>)	
	温 弄 五
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	第型 <u>・</u> 油
(Maning markets MITT DD III GOT OF THEE DOTS)	
D. If amending the registered agent and/or registered office addressive new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	A. Fiorenza
558 SI	N Walter Ave
1 K. O	20021
New Registered Office Address:	City), Florida (Zip Code)
	(Elp Good)
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.
0	1 ·
Brooke a. E. Signature of New Reg	tiorenza
Signature of New Reg	gistered Agent, if changing

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	PT John	<u>Doe</u>			
X Remove	V Mike	Jones			
X Add	SV Sally	Smith			
Type of Action (Check One)	Title	<u>Name</u>		Address	
1) Change		Ronald Fi	orenza	<u>558660 WAH</u>	e-Au
Add				Lake City, FL	
Remove				32024	•
2) Change	. .	Brooker	A.Fioren	za 5585W Walter Ave	
•					
Remove 3) Change	VP	BrookeA	Fioren	Lake City, Fr	
Add				Watter Ave	
Remove				Lake City, Flis	32024
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

If amending or adding additional Arti (Attach additional sheets, if necessary).	
	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	enza har 50 Sharer and
Brooke 7.T	jorenza har 50 Sharer.
Rosald Fine	enze ic givina Brooke A
Flore 079	enza is giving Brooke A. his 50 Shares.
Brooke A.	Fiorenza now has all
100 Shar	.

The date of each amendment(s) adoption:	, 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 meet the applicable statutory filing requirements, this date with document's effective date on the Department of State's records.	ill 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 amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"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.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature (By a director, president or other object – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
President (Title of person signing)	