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## **COVER LETTER**

TO: Amendment Section

**Mailing Address** 

P.O. Box 6327

Amendment Section

Division of Corporations

. Division of Corporations		
NAME OF CORPORATION: MEQITIONOL OF TUMPER, INC.		
DOCUMENT NUMBER: <u>PO 7 000 11 7923</u>		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Angelica Tawas Name of Contact Person		
- Mechand of Tampon		
5150 N. 22 rd St. Address		
Tamper FL 33610  City/ State and Zip Code	20	
E-mail address: (to be used for future annual report notification)	2022 AUS 15	
For further information concerning this matter, please call:	S PH	] 8 (
Name of Contact Person at (Si3) 67-73461  Area Code & Daytime Telephone Number	2: 33	
Enclosed is a check for the following amount made payable to the Florida Department of State:		
\$35 Filing Fee Certificate of Status (Additional copy is enclosed)  \$35 Filing Fee & \$\sum \$		

is enclosed)

Street Address

Amendment Section

Division of Corporations
The Centre of Tallahassee

## Articles of Amendment to Articles of Incorporation

of

(Name of Corporation as currently	filed with the Florida D	ept. of State)	
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation	adopts the following amen	dment(s) to
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation," "come "Corporation," "Corporati	" or "incornorate	The ed" or the abbreviation "Col	лсw тр.,
name must be distinguishable and contain the word "corporation," of "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A."		n name must contain the	vord
	NIA	022	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		AUX	
(Principal office dutiess in the second seco		. 5	
		7	n
'r if unnlicable'	411.A	·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_NIA	— <u>-                                   </u>	
		·	<del></del>
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	Iress in Florida, enter th	e name of the	
Name of New Registered Agent			
Nume of the second			
(Florida s	areet address)		
New Registered Office Address:		Florida(Zip Code)	
New Registered Office Hadress	(City)	isti come	
Or Signature if changing Registered Age	n <u>t:</u>		
New Registered Agent's Signature, if changing Registered Age  I hereby accept the appointment as registered agent. I am familia	nt: r with and accept the obli	gations of the position.	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	nt: r with and accept the obli	gations of the position.	
I hereby accept the appointment as registered agent. Autoparate			
I hereby accept the appointment as registered agent. Autoparate	nt: r with and accept the obli Registered Agent, if char		

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>PT</u>	John Doc		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change	P	Hec	tor Tares	5150 N. Dand St.
Add Remove				Trimpy Fr 3360
2) Change	<u>T</u>	- Aris	eina Tors	5323 Laguer war
_X Add	Pli	new title)		5523 Lagurer woods
Remove Change	$\checkmark$	Hect	or <u>Poniel Toro</u>	
Add				5402 clards prakar.
Remove				Lite, FL 33558
4) Change				
Add				
Remove				2
5) Change				2027 £
Add				
Remove				<u> </u>
6) Change				PA : 5
Add				<u> </u>
Remove				

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The date of each amendment(s) adoption date this document was signed.	· 0 11 2022	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 do document's effective date on the Departme	bes not meet the applicable statutory filing requirements, nt 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 action was not required.	the incorporators, or board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amend for approval.	dment(s)
	by the shareholders through voting groups. The following toting group entitled to vote separately on the amendment(s	
"The number of votes cast for the	amendment(s) was/were sufficient for approval	2022 AUG
by	(voting group)	A 5
Dated 8 11 3	033-	<u> </u>
Signature (2)	plia Tur	2. 2. 33 3
selected, by an	resident or other officer – if directors or officers have no incorporator – if in the hands of a receiver, trustee, or oth ciary by that fiduciary)	
	(Typod or printed name of person signing)	
	President (P) (Title of person signing)	