## PO8000053592

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## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: CY Western Co DOCUMENT NUMBER: P08000053592 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jeanne M Young Name of Contact Person CY Western Co Firm/ Company P O Box 622 Address Webster FL 33597 City/ State and Zip Code cywesternco@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (352 ) 406-6983

Area Code & Daytime Telephone Number Jeane M Young Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$43.75 Filing Fee & **■\$43.75** Fiting Fee & □\$52.50 Filing Fee S35 Filing Fee Certified Copy Certificate of Status Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** 

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

TO: Amendment Section

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

CY Western CO		FU
(Name of Corporation as currently	filed with the Florida Dept. of State)	- C
P08000053592		ė, c
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Its Articles of Incorporation:	Florida Profit Corporation adopts the following an	mendment(s) to
A. If amending name, enter the new name of the corporation:		
	77)	he new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "	'Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		<del></del>
		<del></del>
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:		
Name of New Registered Agent		
same by their negations as a second		
(Florida stre	eet address)	
N. Budand Office (House	, Florida	
New Registered Office Address:	(City) /Zip Code	e)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar w	. with and accept the obligations of the position.	
The same and the s		
Signature of New Ro	egistered 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>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>	<u>Addres</u> s
1) Change	V	Kenneth A Young	P O Box 622
X Add			Webster, FL 33597
Remove	S	Cynthian M Simmons	P O Box 296
2) Change X Add			Bushnell, FL 33513
Remove Change			
Add			<del>,,</del> .
Remove			
4) Change Add			
Remove			
5) Change			
Add			
Remove 6) Change			
Add			
Remove			

	adding additional Art al sheets, if necessary).	(Be specific)			
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	nt provides for an exc	hange, reclassifica	ition, or cancellatio	on of issued shares,	
lf an amendm	implementing the am	endment if not cou	itained in the amei	ndment itself:	
provisions for					
provisions for	licable, indicate N/A)				
provisions for	licable, indicate N/A)				
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The date of each amendment(s) add date this document was signed.	option:	, if other	than t	he
Effective date if applicable:	7/11/2022			
	(no more than 90 days after amendment file date)			
Note: If the date inserted in this blo document's effective date on the Dep	ack does not meet the applicable statutory filing requirements, this date will artment of State's records.	l not be list	ed as t	he
Adoption of Amendment(s)	( <u>CHECK ONE</u> )			
■ The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors without shareholder action and	l shareholde	г	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.			
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	ALL	2022 JUL 15	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	<u>; ;                                   </u>		
by		(7) (7) (7)	5	1
	(voting group)	— ; L., <sup>c</sup>	<u> </u>	.0
07/11/2022 Dated		THACEES TROMES	AN 7:08	
(D) a dire	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	_		
J,	eanne M Young			
_	(Typed or printed name of person signing)	L		
P	resident			
-	(Title of person signing)	<u> </u>		