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2111 JUN 28 PH 2: 34 SECRETARY OF STATE TALLAHASSEE, FLORIE,

May 2

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

 Division of Corporations NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: erson Area Code & Daytime Telephone Number 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 Filing Fee & \$52.50 Filing Fee ■ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

1	Articles of Amendment to	Party of the second
٠,	Articles of Incorporation of	an ILED
	(Name of Corporation as currently filed with the Florida Dept. of State)	TALLAHASSELLE
	(Document Number of Corporation (if known)	- FLORION

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of	The new
abbreviation "Corp.," "Inc.," or Co.," or the	the word "corporation," "company," or "incorporated" or the e designation "Corp," "Inc," or "Co". A professional corporation of openion of the abbreviation "P.A."
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREI</u>	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)	
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, enter the name of the istered office address:
Name of New Registered Agent:	Angel A. Sanchez
New Registered Office Address:	Angel A. Sanchez 538 Fast lake DR. (Florida street address) Oldsmar R., Florida 34677. (City) (Zip Code)
New Registered Agent's Signature, if changing the second state of the appointment as registered to the second seco	

removed a	ng the Officers and/or Directors, enter the nd title, name, and address of each Office	er and/or Director being added:	CCCO DCII
(Attach add	ditional sheets. if necessary)		
<u>Title</u>	<u>Name</u>	Address	Type of A
YP_	Angel A. Sanchez	538 East. lake Dr.	Add Remo
		ORIOTAL , FE OTHER	☐ Add
			☐ Add
			☐ Remo
provisi	mendment provides for an exchange, recions for implementing the amendment if mot applicable, indicate N/A)		
provisi	ons for implementing the amendment if		
provisi	ons for implementing the amendment if		
provisi	ions for implementing the amendment if a not applicable, indicate N/A)		

The date of each amendment	(s) adoption: $4-15-11$
5300 1 1 10 10 11 11	(s) adoption: 4-15-11 (date of adoption is required)
Effective date <u>if applicable</u> :	(n'o more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/web by the shareholders was/web	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement d 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)
action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	4/15/19
Signature(By	a director product or other officer—if directors on officers have not been
	cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
.,	5-06115
	(Typed or printed name of person signing)
	(1) pou or primer mane or person signing)
	trusident.
	(Title of person signing)