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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

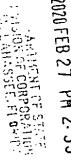




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COVER LETTER

TO: Amendment Section

Division of Corporations

Bove Grande. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company Hrmenia For further information concerning this matter, please call: Muholland at (813) 935 - 8256

Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **□**\$43.75 Filing Fee & ☐\$52.50 Filing Fee □\$43.75 Filing Fee & ☐ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

of	
Bove Grande Inc.	
	filed with the Florida Dept. of State)
P0900027833	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The 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."	professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	7312 North Armenia AVE. Tampa F. 33612
	WINDER IL. OSGIZ
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9312 North Armenia Aue.
,	9312 North Armenia Ave. Tampa, Fr. 33612
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
	Pulholland
4312 No (Florida stre	erth Armenia Ane,
New Registered Office Address: Tamp A	Florida 33612.
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent/I am familiar w	: with and accept the obligations of the position. 🙎
AM	with and accept the obligations of the position.
Signature of New Re	egistered Agent, if changing
Check if applicable ✓ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (PH 2:

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: <u>X</u> Change	<u>PT</u>	John Doe	
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	D	Bore Christina M	17108 Tillany Lake PL
Add		,	Lutz Fz. 33549
Remove Add	D	Bove Christel 1	17108 Tilfany Late PL Lutz, Ft. 33549
Remove Change Add	D	Bow, Paul	17108 Tillany Late Pl lutz, 11. 33549
Remove 4) Change Add	D	Jason Mulholland	9312 N Armenia Aug Tampa Fi, 336/2
Remove 5) Change Add			
Remove 6) Change Add Remove			

(Attach addi	g <mark>or adding additional</mark> tional sheets, if necessa	ry) (Re specific	ange(s) nere:)		
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: If an amen	dment provides for an	evchange reclass	ification or cance	llation of issued sh	ares.
provisions	for implementing the applicable, indicate N/2	amendment if no	t contained in the	amendment itself:	
(if not	applicable, indicate N/2 λ / Δ	4)			
					
		<u> </u>		<u> </u>	
					
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The date of each amendment(s) adoption: 2/7/2020	, if other than the
date this document was signed.	
Effective date if applicable: 2/7/2020	
(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 we document's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action a action was not required.	nd shareholder
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)	
Dated $2/7/2029$	
Dated Q / / Q / /	
Signature	
(By a director president or other officer – 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)	
JASON MULHOLLAND	
(Typed or printed name of person signing)	
Title of person signing)	
(Title of person signing)	