PO9000035498

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION:	White Hyacinth, Inc				
DOCUMENT NUMBE	CUMENT NUMBER: P09000035498					
The enclosed Articles of	Amendment and fee are st	abmitted for filing.				
Please return all corresp	ondence concerning this ma	atter to the following:				
		Amy A Dineen				
-		Name of Contact Perso	n			
		White Hyacinth, Inc				
Firm/ Company						
	•	411 Cleveland Street, Unit 2	229			
_	Address					
		Clearwater, FL 33755				
-	City/ State and Zip Code					
	0 - 5	6.1.1. = A				
	E-mail address: (to be u	ENOLT @ EMAIL. C sed for future annual report	notification)			
For further information	concerning this matter, plea	se call:				
Amy A Dincen		at (de & Daytime Telephone Number			
Name of	Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:			
S35 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

"

White Hyacinth, Inc.

(<u>Name</u>	of Corporation as currently	filed with the Florida Dept.	of State)	
	P09000035	498		
	(Document Number of C	Torporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006. Florida Statutes, this F	<i>lorida Profit Corporation</i> add	opts the following	amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
			1	The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corporat		
B. Enter new principal office address, (Principal office address MUST BE A S				
C. Enter new mailing address, if apple (Mailing address MAY BE A POST) D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	od/or registered office address: Amy A Dineen		E of the	FILED 2020 JAN -8 PM 2: 27
	411 Cleveland Street, Unit 2 (Florida stree	·		
New Registered Office Address:	tr tortda stree	,	Florida	
	í(C	îtv)	(Zip Co	de)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		h and accept the obligations	of the position.	

Signature of New Registered 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	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Jack D Dincen	411 Cleveland Street, Unit 229
Add			Clearwater, FL 33755
X Remove			
2) Change	P	Amy A Dineen	411 Cleveland Street, Unit 229
X Add			Clearwater, FL 33755
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
·	
	
f an amendment provides for an eych	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
 :	

The date of each amendment(s) adoption: $\frac{12}{9} \frac{19}{9}$ date this document was signed.	, if other than the
Effective date if applicable: /// 2000 (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 wideoument's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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. 	
Dated 12/29/19 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)	
(Typed or printed name of person signing)	
C20	
(Title of person signing)	-