P09000056249

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)
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(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:			_
	ER: P09000056249			_
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	iter to the following:		
	Ryan Wilkins			
•	<u></u>	Name of Contact Persor	1	
	Trim It, Inc			
		Firm/ Company		
	4401 Griffinview Dr	Time Company		
		Address		
		Address		
	Lady Lake, FL 32159		<u> </u>	
		City/ State and Zip Cod	e	
rvan@	trimitine.com			
		sed for future annual report	notification)	_
For further information	concerning this matter, pleas			
Ryan Wilkins		352	de & Daytime Telephone N	- - :
Name (of Contact Person	Area Co	de & Daytime Telephone N	umb er
				1,
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:	t
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)	(1.1)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Cliftor 2661 I	Address Iment Section on of Corporations a Building Executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

Trim It, Inc.			
(Name of Corporation as curren	ntly filed with the Florida Dept, of St	tate)	
P09000056249			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is <i>Florida Profit Corporation</i> adopts t	he following amendm	ient(s) to
A. If amending name, enter the new name of the corporation:			
N/A		The nev	16.
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	"Co". A professional corporation r	or the abbreviationame must contain the NEC SEP	n re
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	-6 AM IO: 37	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address Name of New Registered Agent		the	
(Florida	street address)	<u></u>	
New Registered Office Address:	, Flor , Ciw	(Zip Code)	
New Registered Agent's Signature, if changing Registered Age	nt:		
Thereby accept the appointment as registered agent. I am familia	ir with and accept the obligations of the	e position.	

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> <u>Joh</u> r	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Authoriz	Ward, Shelly	4401 Griffinview Dr
Add			Lady Lake, FL 32159
X Remove			*Remove Authorized Representativ
2) Change			
Add			
Remove			
3) Change			-
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
б) Change			
Add			
Remove			

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lf <u>an a</u>	mendment p	rovides for a	n exchange,	reclassifica	iti <u>on, or can</u>	cellation of i	ssued shares	<u>.</u>	
provi	sions for imp	olementing th ble, indicate N	<u>e amendme</u> i 7/4)	<u>nt if not cor</u>	<u>itained in th</u>	<u>e amendmen</u>	<u>t itself:</u>		
\ \	у ног арунса	ne, macaa r	721)						
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		<u> </u>			· · · · · · · · · · · · · · · · · · ·				
									

•	08/26/2019	
The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.	. 12010	
08/2 Effective date <u>if applicable</u> :	6/2019	
interior date in apparente.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) ifficient for approval.	
	proved by the shareholders through voting groups. The following statement 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 add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
08/26/2019 Dated)	
Signature		_
	firector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ted fiduciary by that fiduciary)	
46.15.5.		
	Ryan Wilkins	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	