P09000061131

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TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: ALCOHOLITZI TO COLOS, INC. DOCUMENT NUMBER: PO900001131
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alesha Jacobs - Santos Name of Contact Person Alesha F. Jacobs, Inc Firm/ Company Sels Via Mar Rosso Address Lake Worth F (33467 City/ State and Zip Code Alacobs Of Asymance Express Com/ E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alesha Jacobs Sant 501, 5087001 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment

to

Articles of Inco	rporation	
Alesha F. Jacobs, Inc	C.	
Name of Corporation as currently	filed with the Florida Dept. of State)	
PD900001131		
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Statutes</i> , the statutes of the statutes o	lorida Profit Corporation adopts the follo	owing amendment(s) to
A. If amending name, enter the new name of the corporation:		
	<u> </u>	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."		
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	. / /	
	10	
C. Enter new mailing address, if applicable:	1 - 1	~
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		- 3
		•
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the	: .
new registered agent and/or the new registered office address:		C.
Name of New Registered Agent	<u> </u>	
(Florida stree	(duldress)	
New Registered Office Address:	, Florida	
17/10	city (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the second se	ith and accent the obligations of the positi	ion
The roof decept the appointment at registered agent. I am juitinut his	in and accept the obligations of the positi	
Signature of New Reg	gistered 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> <u>John</u>	<u>i Doe</u>		
X Remove	<u>V</u> <u>Mik</u>	e Jones		
_X Add	SV Sally	y Smith		
Type of Action (Check One)	Title	Name	~ d. l c	Address
1) Change	MYS	Alesha	F. Jacobs-S	ants 11 A
Add				
Remove	D	nlesha E	Tacobs-sa	otos 11
2) Change Add		MONUT	. Julys M	
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if	necessary). (B	e specific)	e(s) here:			
<u> </u>	<u> </u>			· · · · · ·	·	
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If an amendment proyides	for an exchang	e reclassifica	ition or cancells	ition of issued s	hares	
provisions for implement	ing the amendm	ent if not cor	tained in the a	nendment itself	-	
(if not applicable, indi	cate WA)					
						
		1				
		1 1				

. The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
Effective date if applicable: (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)	
$\frac{9/19/20}{}$	
Signature All Market 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)	
Alesha Trobs Santas	
(Typed or printed name of person signing)	
(Title of person signing)	

. . . .