P09000099523

(Req	juestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to F	iling Officer:	

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COVER LETTER

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TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations				
NAME OF CORPORATION:				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Rame of Contact Person				
Cain + Daniels, Inc.				
4902 E: senhower Blud. North STIE 216				
Tanpa FL 33634 City/ State and Zip Code				
Contact & Cainand daniels. (OM E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Robert colodner at (813), 658 3315				
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:				
S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate Copy (Additional copy is enclosed) Certificate Copy (Additional Copy is enclosed)				
Mailing Address Street Address Amendment Services				
Amendment Section Amendment Section Division of Corporations Division of Corporations				

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

	Articles of Incorporation	To a
A	or	<u>.</u> .
Cains	Janiels, Inc	
· 	tion as currently filed with the Florida Dept. of State)	
	P09000099523	
(1)осит	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florid its Articles of Incorporation:	da Statutes, this <i>Florida Profit Corporation</i> adopts the follo	owing amendmen
A. If amending name, enter the new name of the co		
	410	The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	ord "corporation," "company," or "incorporated" or the p," "Inc," or "Co". A professional corporation name me abbreviation "P.A."	e abbreviation ust contain the
D. Catanana mineral office address if applicable	NIA	
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET AD</u>	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	ox, NA	
	ered office address in Florida, enter the name of the	
new registered agent and/or the new registered	1 Office address:	
Name of New Registered Agent	N/A	
	(Florida street address)	
New Registered Office Address:	Florida	
		Zıp Code)
New Registered Agent's Signature, if changing Re	gistered Agent: I am familiar with and accept the obligations of the positi	i de la constanta de la consta
т петелу ассерсте арротитет ак гедіметей адет.	Tumpanana wan and accept the ornganous of the posta	• • • • • • • • • • • • • • • • • • • •
	NA	
Sigi	nature 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 <math>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> ,	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		Darlene Kolodner	5700 Mariner St. Tampa FL 33609
X Add			Jampa FL 33609
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additions	dding additional Articles, enter change(s) here: I sheets, if necessary). (Be specific)	
1	. 1 .	
	N/A	
·		
<u> </u>		
	, <u> </u>	
		.——
an amendme	t provides for an exchange, reclassification, or cancellation of issued shares, mplementing the amendment if not contained in the amendment itself:	
(if not app.	cable, indicate N A)	
	11/4	

The date of each amendment(s) adoption:	12/1/17	, if other than the
date this document was signed.		
ree of a second or	12/1/17	
Effective date if applicable:	re than 90 days after amendment file da	(e)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re-		nts, this date will not be listed as th
Adoption of Amendment(s) (CHECK ON	NE)	
The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	ders. The number of votes cast for the ar	nendment(s)
☐ The amendment(s) was/were approved by the sharehol must be separately provided for each voting group en		
"The number of votes east for the amendment(s)	•	
by		
(voting group	<i>9)</i>	
☐ The amendment(s) was/were adopted by the board of action was not required.	directors without shareholder action and	shareholder
☐ The amendment(s) was/were adopted by the incorpora action was not required.	ators without shareholder action and shar	reholder
Dated	7	
Signature		
	ther officer – if directors or officers hav – if in the hands of a receiver, trustee, of iduciary)	
Robu	r printed name of person signing)	
(Typed or		
	President	
	(Title of person signing)	