0000047890

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COVER LETTER

TO: Amendment Section Division of Corporations

SAME OF CORPORATION: See 10 2, MC
OCUMENT NUMBER: P1000047890
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person See Ya 2, MC Firm/ Company 8795 Rwin St Address Address Address City/ State and Lip Code See Ya 2 Inc a gmail com E-mail address: (to be used for future, annual report notification)
or further information concerning this matter, please call:
Tony Bolin at (727) 243-7354 Name of Contact Person Area Code & Daytime Telephone Number
inclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Status Certified Copy (Additional Copy is enclosed) S43.75 Filing Fee Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Milling Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

SEE VA.	2, 100 currently filed with the Florida Dept. of State)	
(Name of Corporation as of	currently filed with the Florida Dept. of State)	
Pi <i>00</i> 0	00047890	
(Document'N	umber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the followi	ng amendment(s) t
A. If amending name, enter the new name of the corpora	ition:	
		The new
name must be distinguishable and contain the word "corpora "Inc.," or Co.," or the designation "Corp," "Inc," or " "chartered," "professional association," or the abbreviation	'Co". A professional corporation name must conta	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u> </u>	
C. Enter new mailing address, if applicable:		;; ſ
(Mailing address MAY BE A POST OFFICE BOX)		- = - = - = - = - = - = - = - = - = - =
		FIL AR 6 2
		37.60
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office:		89
	audress.	<u>.</u>
Name of New Registered Agent		_
		 .
(F)	lorida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip	Code)
New Registered Agent's Signature, if changing Registered	d Agent:	
I hereby accept the appointment as registered agent. I am for	amiliar with and accept the obligations of the position.	
Signature o	f New Registered Agent, if changing	-
Charle if applicable	5 5	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.01.	20 (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)

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	PT John D	<u> </u>	
X Remove	<u>V</u> <u>Mike J</u>	lones	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Sec	Kimberly J Egyed	12139 Lacey Drive New Port Richay, FL. 34654
Add		<u> </u>	New Port Richay, FL. 34654
Remove 2) Change	Sec	Danielle Walsh	13501 Ironton Drive
X Add			Tampa, FL. 33626
Remove Change			
Add			
Remove			 .
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti	ticles, enter change(s) here:
Attach additional sheets, if necessary).	(Be specific)
	.
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	endment it not contained in the amendment itself:
(9,707, 14,4712,1107, 111110111, 7171)	
	-

The date of each amendment(s) a late this document was signed.	adoption:	, if other than th
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the D	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adaction was not required.	lopted by the incorporators, or board of directors without shareholder a	ction and shareholder
The amendment(s) was/were adby the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	ent(s)
	oproved by the shareholders through voting groups. The following state reach voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
bitony Bolin	" hall	
. — — — — — — — — — — — — — — — — — — —	(voting group)	
Dated_ <u>\</u>	2-3	
Signature		
(By a c	director, president or other officer - if directors or officers have not become	en
selecte appoir	ed, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	ourt
• • • • • • • • • • • • • • • • • • • •	Tour Orlin Till Dr	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	- Fresident/owner	
	(Title of person signing)	

Resigned on Corrected Form.
Overpaid original a \$52.50 filing fee
Versus \$35,00