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(Address)
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(Document Number)
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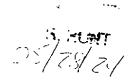
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TOTAL 28 PH 2: 52



COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION: FLORID	R 5 CHOICE C	DNTRACTIUG :	IK		
DOCUMENT NUMB	ER:P1000	00057410				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	\sum_{i}	enson Ohan	i es			
-		Name of Contact Perso	n			
	B. (Chales Accou. Firm/Company	Arra			
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	E-mail address: (to be us	sed for future annual report	notification)	75	S)	5. K
For further information	concerning this matter, plea	se call:		SSE SSE	77 98 PM 2: 52	
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B	2 V. Spr Charles f Contact Person	at 305	1 685-267		л S	
Name o	f Contact Person	Area Co	de & Daytime Telephone Ni	ımber	_	
	the following amount made					
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Amer Divis	ing Address adment Section ion of Corporations Box 6327	Ameno Divisio	Address Iment Section on of Corporations ontre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

of

FLORIDA'S CHOI	CE CONTI	RMTING.	tic			
(Name of Corporation a	as currently file	with the Florida	Dept. of State)			
	057410	·				
(Document	Number of Corp	oration (if known)				
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	atutes, this <i>Floria</i>	la Profit Corporatio	on adopts the fe	llowing a	amendn	nent(s) t
A. If amending name, enter the new name of the corpo	oration:					
				7	The ne	2142
name must be distinguishable and contain the word "corpo." Inc.," or Co.," or the designation "Corp." "Inc." or "chartered." "professional association." or the abbreviati	"Co". A prof	ny," or "incorpora essional corporation	ted" or the abbi on name must	reviation	"Corp	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ASSETS OF A STREET ADDRESS OF A STREET AD	<u></u>				 -	
 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office new registered agent and/or the new registered office. 		Florida, enter the	name of the	BETARY OF STATE	- 7624 Y 1 Y 2 B PH 2 52	m U
Name of New Registered Agent						
New Registered Office Address:	(Florida street add	ress)	, Florida			
	(City)	·····	, 1 1011da	(Zip Cod	(e)	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	r <mark>ed Agent:</mark> familiar with an	d accept the obliga	tions of the posi	ition.		
Signature	of New Register	ed Agent, if changin	ıg			

Check if applicable \Box 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)

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>	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones ·	
X Add	<u>SV</u> <u>Sally</u>	: Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	I	KIMBERLY NAVARRO	2121 FILL MORE ST
Add Remove			2121 FILL MORE ST HOPYWOOD PL 33020
2) Change	VP	BRANDON NAVAKRO	2121 FILLMORE ST
Add			HOLLYWOID FL 33020
Remove 3) Change		·	
Add			
Remove			
4) Change			
Add			A 22
Remove			
5) Change	<u></u>		× × × × × × × × × × × × × × × × × × ×
Add			THE SHARE STATES
Remove			PE SE
6) Change			
Add			
Remove			

Attach additional sheets, if necessary). (Be specific)		
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an amendment provides for an exchange, reclassification, or cancellat		` mi ស
provisions for implementing the amendment if not contained in the am	endment itself:	
(if not applicable, indicate N/A)		Authorite Control of the Control of
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The date of each amendment(s) ad	ption:		, if other than
date this document was signed.			
Effective date <u>if applicable</u> :			
	(no more than 90 days o	ifter amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep		atutory filing requirement	s, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopaction was not required.	ed by the incorporators, or board of	directors without shareho	older action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf		er of votes cast for the amo	endment(s)
☐ The amendment(s) was/were appromust be separately provided for e	ved by the shareholders through vo sch voting group entitled to vote sep		
"The number of votes cast for	r the amendment(s) was/were suffic	ient for approval	
by		**	
· · · · · · · · · · · · · · · · · · ·	(voting group)	•	
Signature (By a directed)	or, president or other officer – if doy an incorporator – if in the hands fiduciary by that tiduciary)	irectors or officers have no of a receiver, trustee, or o	7674 M Y 28 PH 2: NETARY OF ST. TALLAHAMSSEE, F
۷	TAVIER N	AVGRRO person signing)	: 52 FL
<u>ب</u>	(Title of person signing)	_	

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