Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220003975123)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : ASMA & ASMA, P.A.

Account Number : I20060000067 Phone : (407)656-5750

Fax Number : (407)656-0486

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Shannon@drivite.net

COR AMND/RESTATE/CORRECT OR O/D RESIGN DRIRITE U.S.A., INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

Articles of Amendment to Articles of Incorporation of

2022 NOV 22 PM 4: 52

SECRETARY OF STATE TALLAHASSEE.FL

DRIRITE U.S.A., INC.	TALLAHASSEE, F
(Name of Corporat	ion as currently filed with the Florida Dept. of State)
P10000064018	
(Docu	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	ia Statutes, this Floridu Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the c	orporation:
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbro	corporation," "company," or "incorporated" or the abbreviation "Corp.," " or "Co". A professional corporation name must contain the word
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET AD</u>	
C. Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)x</u>)
D. If amending the registered agent and/or registe	red office address in Florida, enter the name of the
new registered agent and/or the new registered	office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	Florida
The state of the s	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	sintanad A access
hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Stene	ature of New Registered Agent, if changing
	, g

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers und/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>	John Doe	
X Remove	¥	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
i) X Change	D	PATI L'HOMMEDIEU	PO BOX 771503
Add			WINTER GARDEN FL 34777
Remove			
2) X Change	PSTD	GILBERT L'HOMMEDIEU	PO BOX 771503
Add			WINTER GARDEN FL 34777
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			<u> </u>
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

If amending or adding add Attach additional sheets, if	necessary).	(Be specific)				
			-			
						
						
<u></u>						
			-			
					··	_
						_
				_		
an amendment provides	for an excha	nge, reclassifi	cation, or cance	lation of issued sh	ares,	
an amendment provides provisions for implementi (if not applicable, indic	ing the amen	nge, reclassified dment if not co	cation, or cance ontained in the	lation of issued shamend itself:	âres,	
<u>rovisions for implementi</u>	ing the amen	nge, reclassifiedment if not c	cation, or cance ontained in the	lation of issued sh imendment itself:	<u>àres,</u>	
<u>rovisions for implementi</u>	ing the amen	nge, reclassifi dment if not c	cation, or cance ontained in the	lation of issued sh umendment itself:	<u>ares,</u>	
<u>rovisions for implementi</u>	ing the amen	nge, reclassifi dment if not c	cation, or cance ontained in the	lation of issued sh imendment itself:	<u>ares,</u>	
<u>provisions for implementi</u>	ing the amen	nge, reclassifi	cation, or cance ontained in the	lation of issued shamendment itself:	<u>ares,</u>	
<u>provisions for implementi</u>	ing the amen	nge, reclassifi dment if not c	cation, or cance ontained in the	lation of issued shamendment itself:	<u>ares,</u>	
<u>provisions for implementi</u>	ing the amen	nge, reclassifi	cation, or cance	lation of issued shamend ment itself:	âres,	
<u>provisions for implementi</u>	ing the amen	nge, reclassifi	cation, or cance	lation of issued shamendment itself:	åres,	
an amendment provides provisions for implementi (if not applicable, indic	ing the amen	nge, reclassifi	cation, or cance	lation of issued shamendment itself:	<u>àres,</u>	

date this document was signed.	if other than t
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this be document's effective date on the De	fock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholder action and shareholder
E The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
The number of votes case	for the amendment(s) was/were sufficient for approval
by	(voling group)
	(voting group)
Dated	11/22/22
Signature	Hi Z
setected	rector, president or other officer - if directors or officers have not been by an incorporator - if in the hands of a receiver, trustee, or other court fiduciary by that liduciary)
•	GILBERT L'HOMMEDIEU
•	(Typed or printed name of person signing)
:	DIRECTOR
•	(Title of person signing)