P10 000075470

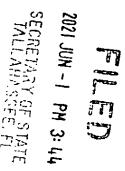
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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1/1/21

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: AMERITECH FLO	DORING INC		
DOCUMENT NUM	BER: P10000075470			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	LUANN THOMAS			
		Name of Contact Persor	1	
	LUANN THOMAS PA INC			
		Firm/ Company	-	
	2170 KEARNEY AVE			
		Address		
	NAPLES, FL 34117			
		City/ State and Zip Code	2	
	LUANN@THOOMASPA.C	OM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, plea		. 348-9966	
Name of Contact Person		at (239	de & Daytime Telephone Number	
	or the following amount made		•	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address			Address	
	endment Section ision of Corporations	Amendment Section Division of Corporations		
	Box 6327	The Centre of Tallahassee		
	lahassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

C		
Corporation as currently	filed with the Florida Dept. of State)	
(Document Number of	Corporation (if known)	
006, Florida Statutes, this F	Ilorida Profit Corporation adopts the follow	ing amendment(s) to
ne of the corporation:		
LATION, INC		The new
rp," "Inc," or "Co". A	ompany," or "incorporated" or the abbrevia professional corporation name must cont	tion "Corp.," ain the word
applicable:		
able: FFICE BOX) For registered office address: LUANN THOMAS	E SIA	2021 JUN - 1 PH 3: 44
		
,	et adaress), Florida 33967	
(1	City) (Zi	p Code)
red agen s - t am familiar w		7.
	me of the corporation: LATION, INC the word "corporation," "co orp," "Inc," or "Co". A or the abbreviation "P.A." f applicable: REET ADDRESS Mor registered office address: LUANN THOMAS 17128 TROPICAL, RD (Florida street) FORT MYERS	ALATION, INC the word "corporation," "company," or "incorporated" or the abbrevial orp, " "Inc," or "Co". A professional corporation name must cont or the abbreviation "P.A." [applicable: [REET ADDRESS]] [able: [FFICE BOX] [IT OS [IT

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)

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> 74</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	VIOREL TOADER	2700 IMMOKALEE RD STE 14
X Add			NAPLES, FL 34109
Remove			
2) Change		_	
Add			
Remove Change			
Add			
Remove			****
4) Change			
Add			- Address - The State of the St
Remove			
5) Change	****		
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	rticles, enter change(s) here:). (Be specific)
EIN # 27-3443219	
-	
10-10-10-10-10-10-10-10-10-10-10-10-10-1	
	ut
If an amendment provides for an excl	change, reclassification, or cancellation of issued shares,
provisions for implementing the amo	nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

••••	03/31/2021	
The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
03/3 Effective date <u>if applicable</u> :	/2021	
Effective date in applicable.	(no more than 90 days after amendment)	file date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requartment of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors withou	t shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes cast for ficient for approval.	r the amendment(s)
	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the an	
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
03/31/2021 Dated		
Signature		
selected	rector, president or other officer – if directors or office, by an incorporator – if in the hands of a receiver, trued fiduciary by that fiduciary)	
	COSMINBALAN COSMIN BALA	7
	(Typed or printed name of person signing)	
	PRESIDENT June	

(Title of person signing)