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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	_	•	vestments Inc
DOCUMENT NUMBER: P10000092272			
The enclosed Articles of Amer	ndment and fee are sub	omitted for filing.	
Please return all corresponden	ce concerning this mat	ter to the following:	
	exon Pro	Name of Contact Person	stments Inc
Firm/Company 1305 Ferr Forest Run			
	viedo El	Address 32765 City/ State and Zip Code	:
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Lauis P	nct Person	at (<u>407</u> Area Coo) 963 - 9803 de & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:			
	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad Amendmen Division of P.O. Box 63 Tallahassee	t Section Corporations 327	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassec, FL 32314

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006. Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	ALL RESTRICTION OF THE PARTY OF
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PM 4: 46 SSEE FLORIED
D. If amending the registered agent and/or registered office at new registered agent and/or the new registered office address.	ddress in Florida, enter the name of the
Name of New Registered Agent	
	street address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Age	ent:
I hereby accept the appointment as registered agent. I am familia	or with and accept the obligations of the position.
Signature of New	v Registered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1)	1) (c), 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>PT</u> John	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	CEO	Lavis Baron	1306 Fern Forest Run
Add			Oviedo FL 32765
Remove			
2) Khange	<u>P</u>	Tina Boron	1305 fem Forest Run
Add			Oviedo FL 32765
Remove Change	VP	Amenda Beren	1305 Fern Ferest Run
X Add			Oviedo PC 32765
Remove			
4) Change			2022 -
Add			
Remove			SS 2-
5) Clunge			
Add			<u> </u>
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
		
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		in o
If an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		_
	 	

The date of each amendment(s) add	option:	
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date	v)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirement artment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adoptaction was not required.	oted by the incorporators, or board of directors without share	holder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the articlent for approval.	2022 TAL
	oved by the shareholders through voting groups. The follow, each voting group entitled to vote separately on the amendment	ing statenlent: 😉 📆
"The number of votes east for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	PH 1: 46
Dated Jur	ne 14 2022	
selected.	ector, president or other officer – if directors or officers have by an incorporator – if in the hands of a receiver, trustee, or d fiduciary by that fiduciary)	
-	(Typed or printed name of person signing)	
_	CEO	
	(Title of person signing)	

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