# P11000030281

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SECRETARY OF STATE DIVISION OF CORPORATIONS

### **COVER LETTER**

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: hanso Walker id Weas Inc For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ☑ \$35 Filing Fee ☐ \$52.50 Filing Fee **□** \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)

#### **Mailing Address**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### **Street Address**

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

_	of		My "
TORRIDW	EAR I	NC	\\ \tag{\chi}
(Name of Corporation as currently	y filed with the Flori	da Dept. of State)	<del></del>
P10000 36	2281		
	of Corporation (if kn	own)	
Pursuant to the provisions of section 607.1006, F amendment(s) to its Articles of Incorporation:	Torida Statutes, this	Florida Profit Corpo	ration adopts the following
A. If amending name, enter the new name of the	corporation:		
•			The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the des name must contain the word "chartered," "profess	ignation "Corp," "It	ic," or "Co". A pro	ofessional corporation
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>BOX</i> )		
D. If amending the registered agent and/or registered new registered agent and/or the new registered.		in Florida, enter the	name of the
Name of New Registered Agent:			
New Registered Office Address:	(Florida street	address)	
			prida
	(City)	(Zip Code	e)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		and accept the obliga	ations of the position.

Signature of New Registered Agent, if changing

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)

<u>Title</u> <u>Name</u>		<u>Address</u>	Type of Action
	msophialker	54015w12th 57 Apt FL 33068	Add Remove
	tney Nelson	5401 Sw 12th 57 Apt FL 33068	☐ Add Remove
Secretary Levi,	wallace	SS418036dcrt FF 33317	Add Remove
E. If amending or adding additional sheets, if it is a company of the company of			
	ing the amendment if no	ssification, or cancellation of iss ot contained in the amendment i	
-			
	· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoption:
(date of adoption is required)  Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"  (voting group)
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
Signature Delphanse Walkery
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Alphanso, Walker
(Typed or printed name of person signing)
(Title of person signing)