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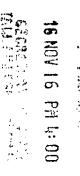
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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Lumbrium

COVER LETTER

Division of Corporations NAME OF CORPORATION **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:

□\$43.75 Filing Fee &

Certified Copy (Additional copy is

enclosed)

Mailing Address

□ \$35 Filing Fee

TO: Amendment Section

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

□\$43.75 Filing Fee &

Certificate of Status

Street Address

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

\$52.50 Filing Fee Certificate of Status

Certified Copy

(Additional Copy is enclosed)

Articles of Amendment

Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)	$\overline{\gamma}$		
Plicon 74305	`		
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the foits Articles of Incorporation:	llowing a	mendn	nent(s) t
A. If amending name, enter the new name of the corporation:			
	T	he ne	?u'
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name word "chartered," "professional association," or the abbreviation "P.A."	the abbi	reviatio	on
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
<u> </u>	-	का	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	(本語) (文語) (文語)	91 hg	11
	• •	20	3 5 T
Name of New Registered Agent		<u></u>	
(Florida street address)	 .	00	
New Registered Office Address:, Florida	(Zip Coo	le)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the pos	sition.		
Bolin Form			
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)

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.

	e, ana sauy smun, sv as an Aaa.	
Example: X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	Devin Canton	5819 Rodman St Hollykbod 42 33023
Add		75005
Remove		
2) Change		<u> </u>
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
n/λ					
<u> </u>					
<u> </u>					
	<u></u>				
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:					
(if not applicable, indicate N/A)					
N/A					
·					

The date of each amendment(s) adoption: 1/08/20/6	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : ////2///@	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I not be listed as the
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)	
1 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_///2// Ce	
Signature Bowin Bon	
(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)	
(Typed or printed name of person signing)	
PRESident	
(Title of person signing)	