P11000080663

	(Requestor's Name)		
	(Address)		
	(Address)		
	(Ĉity/State/Zip/Phone #)		
PICK-U	P WAIT MAIL		
	(Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions	s to Filing Officer		





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SECRETARY OF STATE
TALL AHASSEFF FLOSION

Y SUI KED JUN 20 2020

COVER LETTER

TO: Amendment Section 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: 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 □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed)

Mailing Address

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

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

is enclosed)

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

Affices of incorporation	
Floreda deto Preperis INC.	·
(Name of Corporation as currently filed with the Florida Dept. of State)	
P11000080663	
(Document Number of Corporation (if known)	
fursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendments Articles of Incorporation:	nt(s) to
A. If amending name, enter the new name of the corporation:	
The new	
ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp," Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word chartered," "professional association," or the abbreviation "P.A"	
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
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: Name of New Registered Agent Name of New Registered Agent	Ō
Name of New Registered Agent 1007 S. Dillard S. (Florida street address)	
New Registered Office Address: (DINTO) SCOLI Florida A (ST. (City)) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent—I am familiar with and accept the obligations of the position	
Signature of New Registered Agent, if changing	
Signature of New Registered Agent, if Changing	
Check if applicable	

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

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>	Address
1) Change	PT Jorga A Reito	1007 S.
X Add		Dillard St
Remove	\rightarrow \bigcirc \bigcirc \bigcirc \bigcirc	Winfor Gordan El 34787
2) Change	P Yognofia Chacan.	1007 S. Dillerd
Add		Winter Gerdau fl 34187
Remove 3) Change		Win to State # 54 161
Add		
Remove	·	
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add .		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Remove		

•	ssary). (Be specific)			
				
				
				
			·	
				
f an amendment provides for	an exchange, reclassification	, or cancellation of issu	ed shares,	
provisions for implementing t	he amendment if not contain	ed in the amendment i	tself:	
(if not applicable, indicate	N/A)			
to not appricable, materia	KI/A			
ty not applicable, materie	/ 4/ /			
ty not approache, mateur				
ty not apprount, materia				
ty not approadic, materia				
ty not apprount, materia				
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The date of each amendment(s) adoption: $06 26 2020$. if other than the date this document was signed.
Effective date <u>if applicable</u> : (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 not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
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)
Dated
Signature (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)