

P11000090187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

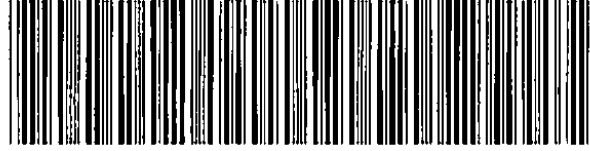
(Document Number)

d Copies _____ Certificates of Status _____

ial Instructions to Filing Officer:

J. DENNIS
12.06.24

Office Use Only



500439554545

FILED
2024 DEC -6 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2024 DEC -6 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: \$35.00

Authorization Signature 

LHV – Amicorp, INC P11000090187

 Walk in

 Will wait

 Certified Copies of the Articles of Incorporation

 Certificate of Status

NEW FILINGS

 Profit
 Not for Profit
 LLC
 Domestication
 INC
 CORP
 OTHER

AMENDMENTS

 X Amendment
 Resignation of R.A.
 Change of Registered Agent
 Dissolution/Withdrawal
 Conversion
 Statement of Authority
 Merger
 Amended and Restated Articles

OTHER FILINGS

 Annual Report
 Fictitious Name
 Statement of Authority
 APOSTIL

 COUNTRY

REGISTRATION/QUALIFICATIONS

 Foreign Filing
 Partnership
 Reinstatement
 CORRECTION for a LLC
 Domestication of a Foreign Corp.
 Other

EXAMINER'S INITIALS:

COVER LETTER

Amendment Section
Division of Corporations

NAME OF CORPORATION: LHV - AMICORP, INC.

DOCUMENT NUMBER: P11000090187

enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KIRK T. BAUER, ESQUIRE

Name of Contact Person

BAUER & ASSOCIATES ATTORNEYS AT LAW, P.A.

Firm/ Company

505 EAST NEW YORK AVENUE, SUITE 7

Address

DELAND, FL 32724

City/ State and Zip Code

MARIEJEFFREYS23@ICLOUD.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIRK T. BAUER, ESQUIRE at (386) 734-3313
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:

☐ \$35 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

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
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

- AMICORP, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

000090187

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to
Articles of Incorporation:

If amending name, enter the new name of the corporation:

_____ The new
name 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
"Professional," "professional association," or the abbreviation "P.A."

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)

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 _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

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 position.

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

FILED
2024 DEC -6 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

removing 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)

Use the first letter of 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. For example, 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. Remove Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

Action	Title	Name	Address
<input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
<input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
<input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
<input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
<input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

ARTICLE IX OF THE ARTICLES OF INCORPORATION IS DELETED IN ITS ENTIRETY.

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)

NOVEMBER 25, 2024

date of each amendment(s) adoption: _____, if other than the
this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

e: 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.

Option 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)

NOVEMBER 25, 2024
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)

KENT S. TITCOMB

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)