P11000090187

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: ____ DOCUMENT NUMBER: P11000090187 The 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, ESOUIRE at (386) 734-3313

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

LHV - AMICORP, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P11000090187 (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 its Articles of Incorporation: A. 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 "chartered," "professional association," or the abbreviation "P.A." 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) 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 (Florida street address) _, Florida New Registered Office Address: (City) 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 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.

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)

Example:

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	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

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CELIX OF THE A	KIICLES OF INC	ORPORATION	13 DECLIED IN			
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an amendment pro	vides for an exch	ange, reclassific:	ation, or cancella	ition of issued sh	ares.	
provisions for imple	menting the amer	ndment if not co	ntained in the ar	nendment itself:		
(if not applicable	r, indicate $N(A)$					
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. •	NOVEMBER 25, 2024	
The date of each amendment(s) adoption date this document was signed.	n:	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departme	oes not meet the applicable statutory filing requirements, this date will ent of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted b action was not required.	y the incorporators, or board of directors without shareholder action and s	shareholder
■ The amendment(s) was/were adopted b by the shareholders was/were sufficien	by the shareholders. The number of votes east for the amendment(s) it for approval.	2024
	by the shareholders through voting groups. The following statements: voting group entitled to vote separately on the amendment(s). e amendment(s) was/were sufficient for approval	2024 DEC -S
		P
by	(voting group)	LED -9 PM 4: 31
NOVEMBER 25. Dated Signature	2024	
(By a director, selected, by a	, president or other officer – if directors or officers have not been n incorporator – if in the hands of a receiver, trustee, or other court uciary by that fiduciary)	_
KENT	T S. TITCOMB	
	(Typed or printed name of person signing)	
PRES	IDENT	
	(Title of person signing)	