# P1200002683

(Requ	uestor's Name)	
(Addı	ress)	
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(Addi	(633)	
(City/	State/Zip/Phone	: #)
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PICK-UP	L WAIT	MAIL
(Busi	ness Entity Nam	ne)
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(Doci	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



100400350641

01/17/23--01023--007 \*\*35.00



a 3/20/2023

#### **COVER LETTER**

Division of Corporations AA-Affordable Pallets Inc NAME OF CORPORATION: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ordable Firm/ Company 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 Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

#### **Mailing Address**

TO: Amendment Section

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 ,	<u> </u>	***
AAA-Affordable	lallets Inc	2023 JAN 17 AM 7: 34
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P12000021.88	3	and the second
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the fo	llowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
·	NIA	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	
new registered agent and/or the new registered office address.	$\sim 1.0$	
Name of New Registered Agent	NIH	<del></del>
(Florida stree	ot address)	
New Registered Office Address: (0	, Florida City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wi		sition.
Signature of New Reg	gistered 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:

Remove

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	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	Name		Address	
1) Change		<u>Cordo</u>	. Bradley	8215 Stoner A	<u>}</u> d
Add Remove	C	Tance	Mae Bradley	#740 Riverview 10 7995 5W 1	- 33569 Awy 73
2) Change		_ JUITLE	THE Blassey	Arcadia . 20	34266
Remove 3) Change		<u> </u>			<del>-</del>
Add					-
Remove 4) Change		<del>-</del>			<del>-</del>
Add					-
Remove 5) Change		<del></del>			_
Add					-
Remove 6) Change					
Add					-

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•1		·- ·- ·			
n amendment provides for	an exchange, reclass	sification, or car	cellation of issued	shares,	
ovisions for implementing (if not applicable, indicate	the amendment if no	t contained in t	he amendment itsel	<u> f:</u>	
(i) not appricable, materie	10/1)				
			_ <del>-</del>		
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	1.1	114			
	1-4-	1			

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder a	ction and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendme fficient for approval.	nt(s)
,	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	rment
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
, , , , , , , , , , , , , , , , , , ,	- 2023	
Signatura	Virginia Humphries	
(By a d	rector, president or other officer - if directors or officers have not bee	
	d, by an incorporator - if in the hands of a receiver, trustee, or other co	ourt
appoint	ed fiduciary by that fiduciary)	
	Vicainia Humphries (Typed or printed name of person signing)	
	(Typed or printed name of person'signing)	
	Diffice Manager VS	5T
	(Title of person signing)	