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(Add	dress)	
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(Do	cument Number)	
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COVER LETTER

TO: Amendment Section

Division of Compositions
NAME OF CORPORATION: THE BOWLE N WE DONARD CORPORATIONS
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Bruce N. M. DONAD
Name of Contact Person Text Sww N. Mª DONALD CORPORATION
Firm/Company 240 NW 1273 STIMET
BOLA KAYON FL. 33432
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (561) 255-0721 Area Code & Daytime Telephone Number
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:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation	
THE BRUCE N. ME DONAUS CO.	MORATION
(Name of Corporation as corrently filed with the Florida	
P12000030303	Dept. or State)
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporati</i> its Articles of Incorporation:	on adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
BRACE N. ME LONAZO	ORPORATION The new
name must be distinguishable and contain the word "corporation," "company," or "incorporation," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporati "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	. 2
	2020
	No No
D. If amending the registered agent and/or registered office address in Florida, enter the new registered agent and/or the new registered office address:	e name of the
Name of New Registered Agent	
Nume of New Registered Agent	
(Florida street address)	
·	
New Registered Office Address: (City)	, Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obliga-	ations of the position
r nereny accept the appointment as registered agent. I am juntata with that accept the congr	ations by the position,
Signature of New Registered Agent, if chang	ing
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.

Example:

X Change	PT	<u>John Doe</u>		
X Remove	Y	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	2020
1) Change			*********	F 1 2020 NOV
Add		\		~
Remove		Ì		E U
2) Change				
Add				<u>ដ</u> ហ
Remove 3) Change				
Add				
Remove		\	 	
4) Change			-	
Add			<u>.</u> .	· · · · · · · · · · · · · · · · · · ·
Remove		\		
5) Change			`	
Add			``	
Remove			``	
δ) Change	·			-
Add				
Remove				

I amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)			
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	1	55	
(if not applicable, indicate N/A)	^			
				
				
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The date of each amendment(s) addate this document was signed.	leption:	. if other than th
• Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment f	ile date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requipartment of State's records.	airements, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without	t shareholder action and shareholder
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for fficient for approval.	the amendment(s)
must be separately provided for	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the am for the amendment(s) was/were sufficient for approval	
DatedSignature	(voting group) 11/10/2020 EMM	1.12 2. 1.13 2.
selected	rector, pesident or other officer — if directors or officer I, by an incorporator — if in the hands of a receiver, trusted fiduciary by that fiduciary) (Brick N. M. Dork 20	
	(Typed or printed name of person signing)	
•	(Title of person signing)	