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TALLAHÀBSEE, HE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: LINDSAY AUTRY	Y ENTERPRISES, INC.	
DOCUMENT NUMB	P12000038654		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	nondence concerning this ma	tter to the following:	
j	LINDSAY AUTRY		
-	<u> </u>	Name of Contact Perso	n
1	LINDSAY AUTRY ENTER	PRISES, INC	
-		Firm/ Company	
	4360 NORTHLAKE BLVD	STE 104	
-	<u> </u>	Address	
	PALM BEACH GARDENS.	FL 33410	
-	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod	le
DAVI	D@BRICKHOUSEPR.COM	I	
	E-mail address: (to be us	sed for future annual report	notification)
	and the second of the second o	eo goll:	
For further information	concerning this matter, pleas	se can.	
LINDSAY AUTRY		at (389-1222
Name o	f Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
\$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations on Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LINDSAY AUTRY ENTERPRISES, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P12000038654 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following am its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrev "Corp.," "Inc.," or Co.." or the designation "Corp," "Inc," or "Co". A professional corporation name must conta 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: 4360 NORTHLAKE BLVD STE 104 (Mailing address MAY BE A POST OFFICE BOX) PALM BEACH GARDENS, FL 33410 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) 4360 NORTHLAKE BLVD STE 104, PALM BEACH (, Florida 33410 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

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and tit 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; Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter 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 to a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT Mike Jones. V as Remove, and Sally Smith, SV as an Add.

Example: 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)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			<u></u>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	rets, if necessary).	(Be specific)				
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in amendment pro	ovides for an exc	hange, reclassi	fication, or can	cellation of issue	ed shares,	
ovisions for imple	ementing the amo	endment if not	contained in the	<u>e amendment it:</u>	self:	
(if not annlicable	le, indicate N/A)					
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ty nor appareun						
ty noi uppricuor						
ty noi uppricuor						
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ty noi uppricuor						
ty noi uppricuor						
ty noi uppricuor						
ty noi upplication						
ty not appricate						

	9/16/2019
The date of each amendment(s) at date this document was signed.	loption:
Effective date if applicable:	
	(no more than 90) days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
☐ The amendment(s) was/were approvided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cust	for the amendment(s) was/were sufficient for approval
by	(voting group)
,	(voting group)
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
\bigcap	/, /, 9
Dated	
	indias Duly Int
Signature	irector, president or other officer – if directors or officers have not been
selecte	d, by an incorporator – if in the hands of a receiver, trustee, or other court
	ted fiduciary by that fiduciary)
	Lindson Autry
	(Typed or printed name of person signing)
	rector
	(Title of person signing)