P12000103647

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200372153712

amend

08/31/21--01015--000 ++35.0

SEP 13 2021 A RAMSEY

SEP A1

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) 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 Fce & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment Articles of Incorporation of

•		
	4	

	01		<i>A</i>	CUZ	1 Alin
	STARCKS	Fish	CAMP	TUEST	AUG 31 PL
(Name of Cor	poration as currently	filed with th	e Florida De	pt. of State)	35 Mars
	P12000	1036	47	·	~~\$\$\$;PZ\$
(Document Number of				
Pursuant to the provisions of section 607.1006, lits Articles of Incorporation:				adopts the fol	lowing amendm
A. If amending name, enter the new name of	the corporation:				
					The nev
name must be distinguishable and contain the wa "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	"Inc," or "Co". A	ompany," or " professional	incorporated corporation	" or the abbre name must c	viation "Corp.," ontain the word
B. Enter new principal office address, if appl (Principal office address MUST BE A STREET	icable: T ADDRESS)				<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>CE BOX</u>)				
				 -	
		<u> </u>			
D. If amending the registered agent and/or re	egistered office addre	ess in Florida.	enter the na	ime of the	
new registered agent and/or the new registered	tered office address:				
Name of New Registered Agent					
				-	·
	(Florida stree	et addrace)			
	(1 101144 31166	i uuuress)			
New Registered Office Address:		City)		_, Florida	(Zip Code)
	10	211)/			(Zip Code)
New Registered Agent's Signature, if changing	g Registered Agent:				
hereby accept the appointment as registered ag	gent. I am familiar wi	th and accept	the obligation	ns of the posit	ion.
	C: C)/ P				
	Signature of New Reg	ustered Agent	if changing		
Check if applicable					

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

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, na 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 Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officer, 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. I 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 (Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> <u>Jol</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>VP</u>	RIBEOUR KITTER	17522 Dresseas Hw
Remove	Vρ	JONATHAN AJ. RECKWERDT	IS/AMORDAA FL 330.
2) Change Add		DONITHAN MI XECKWERDT	11522 DYCKPUS Ylwy ISTAMURADA FL 3303
A Remove Change Add	_VP_	TIMOSHY SAAVEDRA	17522 DVERSeis HWI ISTAMBADA FL 330
Add Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			

Attach additional sho	ng additional Article eets, if necessary). (Be specific)			
		• • •			
-:-					
,					
<u> </u>					
_					
		-			
					
					
				·	
-	<u> </u>				
	··				
					
					
- <u>-</u>					
<u> </u>	 				
an amendment pro	ovides for an exchang	ge, reclassificatio	n, or cancellatio	<u>n of issued shares,</u>	
orovisions for imple	ementing the amendr	nent if not conta	<u>ined in the amen</u>	<u>dment itself:</u>	
(if not applicabl	z, indicate N/A)				
					
					
					
					
	·		_	·	
				<u> </u>	

The date of each amendment(s) adoption date this document was signed.	1:, if other
Effective date if applicable:	5/1/2021
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Department	es not meet the applicable statutory filing requirements, this date will not be listent of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.
The amendment(s) was/were approved by must be separately provided for each verified to the separately provided	by the shareholders through voting groups. The following statement of the 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)
Dated8	35/3021 Colone
	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 fidu	ciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	V+
<u></u>	(Title of person signing)