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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

MI JUN 30 M 9: 21 KODYNUK PONUCHOS 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: KODY/U LR LIN
Name of Contact Person Fimil Company
242 S- W2Shiripton Givo, #334

Address Six Verify FC 3423 G City/ State and Zio Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (45) 690-990

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State. \$43,75 Filing Fee & Certificate of Status ■ \$43.75 Filing Fee & \$52,50 Filing Fee 掛 \$35 Filing Fee 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 Clifton Building P.O. Box 6327

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation





(Name of Corporation as currently filed with the Florida Dept. of State)

F 1 3000	10C 4 4 4 3	چ. _م چ
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this articles of Incorporation	s Florida Profit Corporation adopts the following	ng amendment(s) t
A. If amending name, enter the new name of the corporation:		
-	Moder Tax	T1
name must be distinguishable and contain the word "corporati "Corp" "Inc.," or ("a.," or the designation "Corp," "Inc," or word "chartered." "professional association," or the abbreviation	"Co". A professional corporation name must	_tne new bbreviation contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	. 242	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	242 S. Washington Bu Larrescha, FL 34236	<u>vo #33</u>
	James Sofa, EL 34236	
D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address		
Name of New Registered Agent		_
(Florida s	treet address)	_
New Registered Office Address.	, Florida (City) (Zip	
	(Cuy) (Zip	Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar		
		_

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 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

 $P \sim President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO + Chief Executive Officer; CFO = Chief Financial Officer. If an officer director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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: <u>X</u> Change	<u>PT</u>	John Do	<u>oc</u>		
X Remove	<u>V</u>	Mike Jo	nes	/	
<u>X</u> Add	<u>SV</u>	Sally Sr	nith	N/A	
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					
5) Change					
Add					
Remove					
					
6)Change		_			
Add					
Remove					

amending or adding additional Articles, enter change(s) here. Attach additional sheets, if necessary). (Be specific)	
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and the second of the form of the second of	,
an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	NA
(if not applicable, indicate N A)	7 7 7 7 7
(3	

The date of each amendment(s) adoption:	, if other than the
-	
Effective date <u>if applicable</u> : (no more than 90 days after	amendment file date)
Note: If the date inserted in this block does not meet the applicable statuto document's effective date on the Department of State's records.	ry filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	votes east for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting a must be separately provided for each voting group entitled to vote separate.	
"The number of votes cast for the amendment(s) was/were sufficient	
by	. "
The amendment(s) was/were adopted by the board of directors without shar action was not required.	reholder action and shareholder
The amendment(s) was/were adopted by the incorporators without sharehol action was not required.	lder action and shareholder
Signature Roll 2m Pros. (By a director, president or other officer – if director)	
Signature Rolph sen pros.	down or of Traces have not been
selected, by an incorporator – if in the hands of a appointed fiduciary by that fiduciary)	receiver, trustee, or other court
(Typed or printed name of pers	
President	gning)
(Title of person sig	gning)