## P13000005390

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SECREDARY OF STATE TALLAHASSEE, FL

42

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	PRATION: Zipsimons Visionw	orks Inc.					
DOCUMENT NUM	D13000005300						
The enclosed Article	s of Amendment and fee are sub	omitted for filing.					
Please return all corr	espondence concerning this mat	ter to the following:					
	Shaun Keough						
	Name of Contact Person						
	Keough Law PLLC						
	Firm/ Company						
	3505 Lake Lynda Dr., Suite 2	00					
	Address						
	Orlando, FL 32817						
		City/ State and Zip Code	2				
	zip@streetmetalconcepts.com	ı					
	E-mail address: (to be us	ed for future annual report	notification)				
For further informati	on concerning this matter, pleas	e call:					
Shaun Keough		at ( 321	262-1146				
Name	e of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check t	for the following amount made p	payable to the Florida Depa	artment of State:				
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co 2415 N	Address Iment Section In of Corporations Entre of Tallahassee N. Monroe Street, Suite 810 Issee, FL 32303				

## Articles of Amendment to Articles of Incorporation of

FILED

Zipsimons Visionworks Inc.

<del></del>			REST Annual Control	
	of Corporation as currently	filed with the Florida D	4114 61818 20 E	PM 1:09
213000005390			SEPTH FOR	
	(Document Number of	Corporation (if known)	TALLAHAS	OF STATE SEE, FL
rsuant to the provisions of section 607. Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation	adopts the follow	ving amendment
. If amending name, enter the new na	ame of the corporation:			
	4		In a ra	The new
me must be distinguishable and contain nc.," or Co.," or the designation "C chartered," "professional association,"	Corp," "Inc," or "Co". A	professional corporation	a ortheapprevi n name must con	ation Corp., tain the word
Enter new principal office address,	if applicable:			
rincipal office address <u>MUST BE A S</u>	TREET ADDRESS )			
Enter new mailing address, if appli (Mailing address MAY BE A POST)				
(Matting dataress MAT BE A POST)	OFFICE BUX)	<del></del>	· <del></del> ,	<del></del>
				<del></del> .
			<del></del>	
. If amending the registered agent an	id/or registered office addre	ss in Florida, enter the	name of the	
new registered agent and/or the new	v registered office address:			
Name of New Registered Agent	Keough Law PLLC			
	(Florida stre	et address)		
New Registered Office Address:	3505 Lake Lynda Dr., Suite	200	, Florida	7
	(1)	City)		ip Code)
ew Registered Agent's Signature, if c				
nereby accept the appointment as regist	erea agent. I am familiar w	th and accept the obligat	tions of the positio	n.
	Signature of New Re-	gistered Agent, if changir	10	

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:

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.

A Change	PI	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	Tim Simons	147 Shadow Trail
X Add			Longwood, FL 32750
Remove			
2) Change	0	Donald Endonino	901 Brennam Place
Add			Longwood, FL 32750
X Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			<del></del>
5) Change			
Add			<del></del>
Remove			
6) Change		<u> </u>	
Add			
Remove			

Е. <u>If</u>	amending or adding additional Articles, enter change(s) here:
(A	ttach additional sheets, if necessary). (Be specific)
	•
-	
E 14	
r. 11	an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
•	(if not applicable, indicate N/A)

July 18, 2024	
The date of each amendment(s) adoption:	_, if other than the
Effective date if applicable:	
tno more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will r document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and si action was not required.	hareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by all common stock of company	
(voting group)	
Dated	_
(By a difector, 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 fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Title of person signing)	



August 14, 2024

SHAUN KEOUGH 3505 LAKE LYNDA DR. SUITE 200 ORLANDO, FL 32817

SUBJECT: ZIPSIMONS VISIONWORKS INC.

Ref. Number: P13000005390

We have received your document for ZIPSIMONS VISIONWORKS INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 424A00017988

Anissa Butler Regulatory Specialist II

> Rec. 8/2/e/24