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(Re	equestor's Name)	
(Ac	ldress)	<u> </u>
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Dx	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	3201	3 Inc	
DOCUMENT NUMBER:	P13 08	00 26 02	1
The enclosed Articles of Amendme	ent and fee are subt	nitted for filing.	
Please return all correspondence co	meerning this matte	er to the following:	
· · ·	Kenne	th Smy H	r
		In C Firm/ Company	
	970 ha	ke Carill	on Dr. Ste 300
	DF. 101	City/ State and Zip Code	=L 33716
		1.01	
F-mail	eddress: (to be use	olvil con	notification)
_		•	
For further information concerning	g this matter, please	call:	
Ken	Smuth	at 914	de & Daytime Telephone Number
Name of Contact F	erson	Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	ing amount made p	ayable to the Florida Depa	artment of State:
	.75 Filing Fee & ifficate of Status	Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Ameno Divisio Cliftor	Address Iment Section on of Corporations Building
Tallahassee, FL	, 32314		Executive Center Circle assec, FL 32301

Articles of Amendment Articles of Incorporation of



(Name of Corp.	上nc.		
	eration as currently filed	with the Florida Dept. of State)	(6)
D13	00 00 26	021	- P.
	ocument Number of Corpo		
usint to the provisions of section 607.1006, F	lorida Statutes, this <i>Florida</i>	a Profit Corporation adopts the fo	llowing amendmen
smending name, enter the new name of t	he corporation:		
			The new
e must be distinguishable and contain the rp.," "inc.," or Co.," or the designation "d" chartered," "professional association," o	Corp, " "Inc, " or "Co"	ompany," or "incorporated" or A professional corporation name	the abbreviation must contain the
Enter new principal office address, if apoli acipal office address <u>MUST BE A STREE</u> T	cable: — — — — — — — — — — — — — — — — — — —		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFIC	<u> </u>		
If amending the registered agent and/or runew registered agent and/or the new regis	eristered office address in tered office address:	Morida, enter the name of the	
Name of New Registered Agent			
	(Florida street add	duner)	_
	(Lioung men and	an cas/	
New Resistered Office Address:	(Piorisa sireti oid	Florida	

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 afficer/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.

Santification .	non r.t.	n	
X Change	PT John	Doe	
X Remove	Y Mike	Lones	
X Add	<u>SV</u> Sally	Smith	
Type of Action (Check One)	Title	Name	Address
1)Change	D	Claudia Munoz	8 Zarkov Street Kalamata, Messina
X Add			Kalamata, Mersina
Remove			Greece 24100
2)Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5)Change			
Add		•	
Remove			
6) Change			
Add			
Remove			

amending or adding additional Ar tach additional sheets, if necessary).). (Be specific)	
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<u> </u>		
	·	
e	exchange, reclassification, or expediation of issued shares,	
noneighne for immigranting the st	mentance, reclassification, or cancellation of issued shares, mentanent if not contained in the amendment litely.	
(If not applicable, indicate NA)	<u> </u>	
		_

T	100 July 19 19 19 19 19 19 19 19 19 19 19 19 19	, if other than the
The date of each amendment(s) ac date this document was signed.	option:	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	ppted by the shareholders. The number of votes east for the amend flicient for approval.	iment(s)
	proved by the shareholders through voting groups. The following seach voting group entitled to vote separately on the amendment(s	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and sha	reholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	lder
Dated	9/5/19	
Signature(By a d	lirector, president or other officer - if directors or officers have no	t been
selecte	d, by an incorporator - if in the hands of a receiver, trustee, or oth	
appoin	ted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	- 11 - 11
	President	
	(Title of person signing)	