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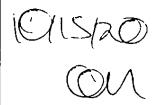
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2020 SEP -3 PH 4: 37
SECRETARY OF STATE
SECRETARY OF STATE



COVER LETTER

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: Firm/ Company Address For further information concerning this matter, please eall: Name of Contact Person Area Code & Daytime Telephone Number 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 Fee & \$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 Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO: Amendment Section

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

to
Articles of Incorporation

FILED

2020 SEP -3 PM 4:37 corporation as currently filed with the Florida Des Contait RY UF STATE TALLAHASSEE, FL (Document Number of Corperation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to 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 abbreviation "Corp." "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the 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: (Mailing address MAY BE A POST OFFICE BOX) 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) New Registered Office Address: _, Florida_ (City) (Zip Code) 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

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 Doc. PT as a Change, Mike Jones, V as Remove, and Sally Smith. SV as an Add.

X Change	<u>15.1.</u>	John Doc				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	<u>Na</u>	<u>me</u>			Address
1) Change						_
Add						
Remove						
2) Change						
Add						
Remove Change						
Add						
Remove						
4) Change						
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Remove						
5) Change				···-		
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6) Change						
Add						
Remove						

	ts, if necessary).	(Be specific)				
						
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n amendment prov	vides for an exch	ange, reclassificat	tion, or cancellation	on of issued shar	es.	
<u>ovisions</u> for impler	menting the ame	ndment if not con	tained in the ame	ndment itself:		
(if not applicable,	. indicate N/A)					
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					-	

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The date of each amendment(s) addate this document was signed.	aption:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this dat partment of State's records.	e will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without shareholder actio	n and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were sul	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	9)
	oved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes east t	or the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
Dated OV/	al/arxc (
Dated (A)/	Turlity of	
Signature	Well the service of	
(By a di	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court	
	d fiduciary by that fiduciary)	
	Clennifer Rivera Wagner	
-	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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