P140000 19349

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
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C. GOLDEN MAR 2 0 2020

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

7400 2-1614 D1
AME OF CORPORATION: 7 MACHT / A
OCUMENT NUMBER: <u>P/4000 /9349</u>
he enclosed Articles of Amendment and fee are submitted for filing.
ease return all correspondence concerning this matter to the following:
John P. Barkett
Name of Contact Person
Figure Community
Firm/ Company (a/5) 9th Hace (1)
Address
St. Pekis bing FZ 33701
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
John Barkett at 127,388-9500
Name of Contact Person Area Code & Daytime Telephone Number
nclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation of

Thin P Boutall	カル	6.00	3.
Jan 1. Jugar	Part		FED 20 AH 9: 51.
(Name of Corporal	tion as currently filed	with the Florida Dept. of State)	
" 1 17 WW 19 379		Colored	
(Доси	iment Number of Corp	oration (if Known)	·
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this <i>Florid</i>	a Profit Corporation adopts the follo	owing amendment(s) to
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the word " "Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association," or the abbi	o," or "Co". A profe		
B. Enter new principal office address, if applicab			
(Principal office address <u>MUST BE A STREET AD</u>	DRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)	<u>ox</u>)		
			
D. If amending the registered agent and/or registeness new registered agent and/or the new registered		Florida, enter the name of the	
Name of New Registered Agent			
	(Florida street add	ress)	
New Registered Office Address:		. Florida	
New Registered Office Address.	(City)	 ,	(Zip Code)
New Registered Agent's Signature, if changing Re	gistered Agent:		
I hereby accept the appointment as registered agent.	I am familiar with an	d accept the obligations of the positi	on.
Sign	nature of New Register	ed 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)

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.

X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change //	4 <u>M</u>	- Oscar I. Marti	615 9th St. N
Add Mas	rigng,	Member	71. Pelesting 12 33 70/
2) Change		_	
Add			
Remove 3) Change			<u>-</u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			-
Add			
Remove			

Attach addition	nal sheets, if necessary).	(Be specific)			
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	<u> </u>				
<u>f an amendme</u> provisions for	ent provides for an exc r implementing the am	hange, reclassification endment if not contain	<u>, or cancellation of is</u> ed in the amendmer	<u>ssued shares,</u> it itself:	
(if not app	olicable, indicate N/A)			<u></u>	
		 			
					
					
	.,				

The date of each amendment(s) adoption:	than the
2/24/2520	
Effective date if applicable: (no 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 not be listed document's effective date on the Department of State's records.	ed 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 shareholder action was not required.	r
☐ 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 John P. Berlett (100% over) (voting group)	
Signature (By a director, 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)	