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| (Re | equestor's Name) | | | |
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| (Cit | ty/State/Zip/Phone | ; #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | ısiness Entity Nan | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to | Filing Officer: | | | |
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SECHETARY OF STATE

C. Lewis

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: R7370@ad E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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 Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

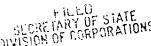
TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation



of 14 OCT 22 PH 1: 48 (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known)

| | NIA |
|---|--|
| ame must be distinguishable and contain the word "corporation," Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co" ord "chartered," "professional association," or the abbreviation "P.A. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) | . A professional corporation name must o |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | NIA |
| If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: | in Florida, enter the name of the |
| Name of New Registered Agent | |

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.

| Example: | | in Similar da di Mada, | |
|--|-----------|---------------------------------------|---|
| X_Change | <u>PT</u> | John Doe | |
| X Remove | <u>V</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) 1) Change Add Remove | Title S | Stefany Slow | e <u>7401 Hancock</u> 5 Reverview F2 335 |
| 2) Change Add Remove 3) Change Add Remove | | | |
| 4) Change Add Remove | | | |
| 5) Change Add Remove | | | |
| 6) Change Add Remove | | · · · · · · · · · · · · · · · · · · · | <u> </u> |

| If amending or adding additional Articles (Attach additional sheets, if necessary). (E | Be specific) | V) I | W |
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| If an amendment provides for an exchang | e. reclassifica | tion. | or cancellation of issued shares. |
| provisions for implementing the amendm (if not applicable, indicate N/A) | ent if not con | taine | d in the amendment itself: |
| (tj not applicable, indicate N/A) | . \ | 16 | χ |
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| | FILLU STATE | |
| The date of each amendment(s) adoption: | SI Unit Discorporations | , if other than the |
| date this document was signed. | my 1.1.8 | |
| Effective date if applicable: | 14 OCT 22 PM 1: 48 | |
| | than 90 days after amendment file date) | |
| Adoption of Amendment(s) (CHECK ONI | E) | |
| the amendment(s) was/were adopted by the shareholde by the shareholders was/were sufficient for approval. | rs. The number of votes cast for the amendment(s) | |
| The amendment(s) was/were approved by the sharehold must be separately provided for each voting group entities. | ers through voting groups. The following statement itled to vote separately on the amendment(s): | |
| "The number of votes cast for the amendment(s) v | was/were sufficient for approval | |
| by | ,, | • |
| (voting group) | | |
| The amendment(s) was/were adopted by the board of di action was not required. | rectors without shareholder action and shareholder | |
| The amendment(s) was/were adopted by the incorporate action was not required. | ors without shareholder action and shareholder | |
| Dated | ; } 01 | |
| Signature | Mylue | |
| | ner officer I if directors or officers have not been if in the hands of a receiver, trustee, or other court | |
| appointed fiduciary by that fid | | |
| $\mathcal{P}_{\mathbf{L}}$ | chard Slone | |
| (Тур | ped or printed name of person signing) | |
| <u></u> | President | |
| | (Title of person signing) | |