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(City/State/Zip/Phone #)			
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COVER LETTER

TO: Amendment Section

Division of Corporations DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: 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** Filling Fee & □\$52.50 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Street Address <u>Máiling Address</u> Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

Condate Augustinist Es.	take Salac Inc.	
(Name of Corporation as currently	filed with the Florida Dept. of State)	,
DI40000 313"	75	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this F	·	owing amendment(s) (
its Articles of Incorporation:		
A. If amending name, enter the new name of the corporation:		•
ν A		The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A "chartered," "professional association," or the abbreviation "P A"	ompany," or "incorporated" or the abbreve professional corporation name must co	viation "Corp.," ontain the word
D. Passa and the horizontal and the same of a sufficient and	NA	2
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		720
		<u></u>
	-1	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	Z : 11
· · · · · · · · · · · · · · · · · · ·		
		$\frac{\Omega}{\omega}$
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the	
new registered agent and/or the new registered office address:		
Name of New Registered Agent () (15)	phar isphr	
CDC O.L.	21.1	
Florida stre	et address)	<u>,</u> -
new address all		34177
New Registered Office Address: (10) 11	(Civ) Florida (Zip Code)
	•	•
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar w	ith and occept the obligations of the positi	on,
/ <i>i f</i>		
1 AM	M/>	
Signatur of the Re	simered Agent, if changing	
Check if applicable		

 \square 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	2020
Type of Action (Check One)	Title	Name // A	Address Address
I) Change			- -
Add		,	P
Remove			03
2) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove 3) Change			
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Remove			
4) Change			
Add			
Remove			
5) Change	·		
Add			
Remove			
6) Change			
Add			
Remove			

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The date of each amendment(s) adoption	10-19-20	, if other than the
late this document was signed. Effective date if applicable:	(no more than 90 days after amendment file day	te)
Note: If the date inserted in this block do document's effective date on the Department	oes not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by action was not required.	y the incorporators, or board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes east for the a t for approval.	mendment(s)
must be separately provided for each vo	by the shareholders through voting groups. The follow oring group entitled to vote separately on the amendm	
by	amendment(s) was/were sufficient for approval (voting group)	2020 NOV 1 8
Dated 10-19	1-20 // /	PH II: 03
selected, by an	president or other other—if directors or officers have incorporator—if in the hands of a receiver, trustee, our incorporator in the hands of a receiver, trustee, our incorporation in the hands of a receiver.	e not been r other court
	(Typed or printed name of person signing)	
	(Title of person signing)	