P14000047596

(ке	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone #	(f)
PICK-UP	WAIT WAIT ■	MAIL
_		_
(Bu	isiness Entity Name	?)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Division of Corporations Chapman Enterprises OF Atlantic Beach, DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Bracks TAX Services of NE Horida Inc 6376 Modeingbird Rd
Address JACKSONVIlle FL 32019 3396
City/ State and Zip Code beaches tax services@comcast.ned
E-mail address: (to be used for future annual report noutleation) For further information concerning this matter, please call: LYNN Ad Ams
Name of Contact Person at (904) 503-093/ 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)

Mailing Address

TO: Amendment Section

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

Street Address

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

(Additional Copy

is enclosed)

Articles of Amendment

to

	Articles of Incor of	poration		7
Chaoma N	Enterprises of Corporation as currently f	Atlantic	Beach	Inc
(Name of	Corporation as currently f	iled with the Florida	Dept. of State)	
	P140000	47596		
•	(Document Number of C	orporation (if known)		

ment(s) to

P14000047596
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendits 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 abbreviati "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain tword "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
New Registered Office Address: JACKS ON VILLE (City) 11251 Campfield Drive, UNIT 3205 (Florida street address) Florida 32256 (City)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. 1 am familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing

address of each Officer a (Attach additional sheets,	ind/or D	irector be		icer/director being removed and title, r	iame, and
P = President; V = Vice I Executive Officer; CFO = held. President, Treasurer Changes should be noted	President = Chief I r, Directo in the foo ves the co	t; T= Trea inancial or would h llowing m orporation	usurer; S= Secretary; D= Director; The Officer. If an officer/director holds move the PTD. anner. Currently John Doe is listed as m, Sally Smith is named the V and S. Th	R= Trustee; C = Chairman or Clerk; CE ore than one title, list the first letter of e the PST and Mike Jones is listed as the V nese should be noted as John Doe, PT as	each office 7. There is
Example: X Change	<u>PT</u>	John Do			
X Remove	<u>V</u>	Mike Jo			
X Add	<u>SV</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	
1)Change	-				
Add					
Remove					_
2) Change		_			-
Add					_
Remove					_
3) Change					_
Add					_
Remove					_
4) Change		_			_
Add					_
Remove					- -
5) Change		_			_
Add					_
Remove					
6) Change					
Add		_			_
Remove					_

(Attach additional sheets, if necessary).	(Be specific)
_	
	
	
	,, <u>-</u>
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
····	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adop	otion: 4/1/19	, if other than the
date this document was signed.		, ,
Effective date if applicable:		<u> </u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depart	ek does not meet the applicable statutory filing requirements, this date will nertment of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	wed by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):	
"The number of votes east for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareholder	
Signature	il 1, 2019 Material	_
selected, h	ctor, 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 fiduciary by that fiduciary)	
_	Martrik Sanjay Disai (Typed or printed name of person signing)	
_	President (Title of person signing)	