PI4alla 131

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	e)
(Dc	ocument Number)	
Certified Copies	Certificates o	of Status
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18 JUN 11 PN 14 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 12 2018 S. YOUNG

COVER LETTER

TO: Amendment Section

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: acksonville, FL 32216 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 \$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 Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

to

Articles of Incorporation

(Name of Corporation as currently filed	with the Florida Dent of S	(tata)		
D14000572		tate)		
(Document Number of Corp				
resuant to the provisions of section 607.1006, Florida Statutes, this <i>Florid</i> Articles of Incorporation:	u Profit Corporation adopts	the follow	ring amer	ndment
If amending name, enter the new name of the corporation:				
			The	new
ame must be distinguishable and contain the word "corporation." "c 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)	<u></u>			
rincipal office address STOST BE A STREET ADDRESS	<u> </u>	A S		
	<u> </u>		يا	٠٦٦
	<u> </u>	2		=
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	•	E C	_	F
	·		_ _	
- -		85	<u> </u>	
_		Ş rı	<u> </u>	<u>.:</u> _
If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:	Florida, enter the name of	the		
Name of New Registered Agent				
Name of New Registered Agent				
Name of New Registered Agent (Florida street ada	lress)		<u>. </u>	
	<i>ress)</i>	ida		

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: <u>X</u> Change	PT John	n Doc	
X Remove	<u>V</u> <u>Mik</u>	ke Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) Change	<u>P</u>	Souhel Sutar	7964 Bernice Of Jacksonville, FL 32257
Add Remove			Jacksonville, FL32257
Remove			
2)Change	P _	Roy Safar	2403 La Mesa Dr. Jacksonville, Fl 32217
			140 2)000(114, 10)00 (1
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	· · · · · · · · · · · · · · · · · · ·
 .	
	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the affic	nament if not contained in the amendment used:
(if not applicable, indicate $\overline{N/4}$)	
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:date this document was signed.	5/23/1V	, if other than the
Effective date <u>if applicable</u> :	more than 90 days after amendment file do	ne)
Note: If the date inserted in this block does not me document's effective date on the Department of State		ents, this date will not be listed as the
Adoption of Amendment(s) (CHECK	(ONE)	
The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for approximately the shareholders was sufficient for a shareholder		mendment(s)
☐ The amendment(s) was/were approved by the shar must be separately provided for each voting group		
"The number of votes cast for the amendmen	nt(s) was/were sufficient for approval	
by(voting g	rouvi	
☐ The amendment(s) was/were adopted by the board action was not required.	·	J shareholder
☐ The amendment(s) was/were adopted by the incorpaction was not required.	porators without shareholder action and sha	reholder
Dated 5/23/18		
	or other officer – if directors or officers have ator – if in the hands of a receiver, trustee, o	
appointed fiduciary by th		r oner court
500	d or printed name of person signing)	
(Type	d or printed name of person signing)	
	(Title of person signing)	