P14000084754

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Alu	Issa A.	Rua	ne, Inc.
DOCUMENT NUMBER:	P12	1000084	1754	ne, Inc.
The enclosed Articles of Amena	lment and fee are su	bmitted for filing	•	
Please return all correspondence	concerning this ma	tter to the followi	ng:	
Alyssa Ruane Name of Contact Person Alyssa A. Ruane, Inc. Firm/Company P.O. Box 2543 Address Crystal River, FL 34423 City/ State and Zip Code hello @alyssaruane.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Alyssa Ru	<u>ane</u>	at (352	697-1450
Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:				
☐ \$35 Filing Fee ☑\$4	3.75 Filing Fee & rtificate of Status	□\$43.75 Filing Certified Co (Additional c enclosed)	g Fee &	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Adda Amendment S Division of Co P.O. Box 632	ection orporations		Amendi Division	Address ment Section n of Corporations Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

TARY OF STATE CORPORATION

Articles of Amendment

to

Articles of Incorporation

of

(Name of Corporation as currently filed with the Florida Dept. of State) P1400084754 ((Ascumen Number of Corporation (if known)) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) its Articles of Incorporation: A. If amending name, enter the new pame of the corporation: All SSA Ruane and Co. The new name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp., "Inc.," or Co." or the designation "Corp., "Inc.," or Co." A professional corporation name must contain the word "charted," "professional association," or the abbreviation "P.A." B. Enter new principal office address flapplicable: (Mailing 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 and/or the new registered office address: Now Registered Agent and/or the new registered office address: New Registered Agent and/or the new registered office address: (City) Florida (Zap Code) New Registered Agent's Signature, if changing Registered Agent: 1 hereby accept the appointment as registered agent. 1 am familiar with and accept the obligations of the position.	Alyssa A. Rua	ne, Inc.		
(Document Number of Corporation (if known)) Pursuant to the provisions of section 607-1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) its Articles of Incorporation: A. If amending name, enter the new name of the corporation: A. If amending name, enter the new name of the corporation: A. If amending name, enter the new name of the corporation: A. If amending name, enter the new name of the corporation: A. If amending name, enter the new name of the corporation: A. If amending name, enter the new name of the corporation: A. If amending name, enter the new name of the corporation: A. If amending name, enter the new name of the corporation: A. If amending name, enter the new name of the corporation: A. If amending name, enter the new name of the corporation: A. If amending name, enter the new name of the corporation: A. If amending name, enter the new name of the corporation: A. If amending name, enter the new name of the corporation: A. If amending name, enter the new name of the new registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: N. A. A. T.	(Name of Corporation as currentl	y filed with the Florida Dept. of State)		
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 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	PT John Doe		
X Remove	<u>V</u> <u>Mike Jones</u>		
X Add	SV Sally Smith		
Type of Action (Check One)	Title Name		Address
1) Change	CEO AIU	yssa Ruane	1601 SE 3rd Ct. Crystal River, FL
Remove 2)Change Add Remove 3)Change			34429
AddRemove 4)ChangeAddRemove			
5) Change Add Remove			
6) Change Add Remove			

<mark>'amending or add</mark> Mach <i>additional sl</i>	ing additional Article neets, if necessary). (s, enter change(s) h Be specific)	ere:		
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an amendment p	rovides for an exchan	ge, reclassification,	or cancellation of	issued shares,	
orovisions for imp	dementing the amenda	ment if not containe	d in the amendme	nt itself:	
(if not applical	ble, indicate N/A)				
		<u>Λ/ /Λ</u>			
		NIA			
			<u></u>		
					- <u></u>
		· · · ·			
					

The date of each amendment(s) ad-	option:	, if other than the
date this document was signed.	ALIN	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this datastrument of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amendment(streight for approval.)
	oved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareholde	r
The amendment(s) was/were adoption was not required.	oted by the incorporators without shareholder action and shareholder	
Dateć	/13 /2019	
Signature	ALAT-	
· ·	ettor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other cour	t
	ed fiduciary by that fiduciary)	
	Alyssa Ruane (Typed of printed name of person signing)	
	(Typed of printed name of person signing)	
_	President	
	(Title of person signing)	