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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Britton	Enterprises Inc.
	00090669
The enclosed Articles of Amendment and fee are submi	itted for filing.
Please return all correspondence concerning this matter	to the following:
	Name of Contact Person Enterprises FnC. Firm/ Company
	• •
N7_E	E Vans St Address
Orla	City/ State and Zip Code
E-mail address: (to be used	taylor 1@ gmail. com
For further information concerning this matter, please ca	all:
Taylor Britton Name of Contact Person	at (321) 578 - 2147 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pays	able to the Florida Department of State:
\$35 Filing Fee	2\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

2010 FFT 20 FM 1:15

	10			- 2010 - 1、12.0 日月
Britton Er	Heron	ses :	Inc.	
(Name of Corporati			da Dept. of State)	
PIHA	00090	0109		••
	nent Number of Co		on)	
Pursuant to the provisions of section 607.1006, Floridate Articles of Incorporation:	a Statutes, this <i>Floi</i>	rida Profit Corpoi	ration adopts the fo	ollowing amendment(s) t
A. If amending name, enter the new name of the co	orporation:			
Father and Sun Cabine mame must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association." or the	rd "cor p bration," o," "Inc." or "Co"	"company," or '. A professional	"incorporated" or	the abbreviation
B. Enter new principal office address, if applicable	p.•	1	VIA	
(Principal office address MUST BE A STREET ADL				
	-			
	_			
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>) X</u>)	<u> </u>)/A	<u> </u>
			•	
	_			
	-			
D. If amending the registered agent and/or register	red office address	in Florida, enter	the name of the	
new registered agent and/or the new registered	office address:			
Name of New Registered Agent	\sim	1 / A		
		,		
	(Florida street a	iddress)		
No. 10 Second Office Address			121	
New Registered Office Address:	(Cit	v)	, Florida	(Zip Code)
				•
New Registered Agent's Signature, if changing Reg				
hereby accept the appointment as registered agent.	l am familiar with	and accept the ob	ligations of the po.	sition.
Sion	ature of New Regis	stered Avent, if ch	aneine	
5787		and the control of the		

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 Do	<u>oc</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jo	ones	
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				
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4) Change		_		
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5) Change				
Add		_	<u> </u>	
Remove				
Kemove				
6) Change				
Add				
Remove				

attach additional sheets, if neces	sary). (Be	specific)				
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an amendment provides for a	n exchange,	reclassification	, or cancellatio	n of issued sha	res,	
provisions for implementing th	<u>e amendme</u>	nt if not contain	ed in the amen	<u>dment itself:</u>		
(if not applicable, indicate l	V/A()					
		NIA				
		•				

			·-	<u> </u>		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: FC broard 13, 2018 (no more than 90 days after amendment file date)	
(no more than 90 days affer amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 02 13/2018	
Signature	
(By a director, president or other officer – if directors or officers have not been	-
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Taylor Britton	
Taylor by Hon (Typed or printed name of person signing)	
President	
(Title of person signing)	