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(Re	equestor's Name)	_
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: FORCE ENTERPR	ISES, INC.	
DOCUMENT NUM	BER: P15000001918		
	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this matt	ter to the following:	
	TAMMIE ALLOE		
		Name of Contact Person	1
	FORCE ENTERPRISES, INC		
		Firm/ Company	
	12302 SANNENWOOD LN		
		Address	
	WELLINGTON, FL 33414		
		City/ State and Zip Cod	<u> </u>
TAL	LOE@FORCEENTERPRISES		
	1mail address. (to be use	ed for future annual report	
For further information	on concerning this matter, please	e call:	
TAMMIE ALLOE		561	de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	ayable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building	
Tallahassee, Fl. 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FORCE ENTERPRISES, INC.	
(Name of Corporation as currently filed with the Florida Dept	. of State)
P15000001918	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> acits Articles of Incorporation:	lopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation "chartered," "professional association," or the abbreviation "P.A."	orated" or the abbreviation tition name must contain the
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 nar new registered agent and/or the new registered office address:	ne of the
Name of New Registered Agent	
(Florida street address)	
(7 10) Red Sirect Calcus (33)	
New Registered Office Address: (City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligation	ns of the position.
Signature of New Registered Agent, if changing	
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	<u> </u>
Page 1 of 4	. O

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)

Example:

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.

X Change	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	TRS	CHARLES P GARDNER	13879 SHAWMUT CT
X Add			WELLINGTON, FL 33414
Remove			
2) X Change	ST	TAMMIE ALLOE	15500 CEDAR BLUFF PL
Add			WELLINGTON, FL 33414
Remove			
3) Change		_	
Add	· · · · ·		
Remove			
4) Change		- -	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	. (Be specific)			
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		on or cancellation	of issued shares,	
an amendment provides for an exc	<u>change, reclassificati</u>	on, or cancenation		
rovisions for implementing the am	change, reclassificati iendment if not conti	ained in the amend	ment itself:	
an amendment provides for an exo provisions for implementing the am (if not applicable, indicate N/A)	change, reclassificati iendment if not conti	ained in the amend	ment itself:	
rovisions for implementing the am	change, reclassificati iendment if not conti	ained in the amend	ment itself:	
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rovisions for implementing the am	change, reclassificati	ained in the amend	ment itself:	

	10/1/2018	"P" male and also also
The date of each amendment(s)	adoption:	, if other than th
date this document was signed.		
•	/1/2018	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	nt(s)
☐ The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	ment
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
<u> </u>	(voting group)	
action was not required. The amendment(s) was/were a	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder	
action was not required.		
11/1/201	8	
DatedSignature	mul all	
selec	director, president or other officer – if directors or officers have not be sted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	en ourt
	TAMMIE ALLOE	
	(Typed or printed name of person signing)	
	CORPORATE SECRETARY	
	(Title of person signing)	

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