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(Re	equestor's Name)	1
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. (Bu	isiness Entity Na	me)
(Do	ocument Number	)
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#### **COVER LETTER**

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: Firm/ Company For further information concerning this matter, please call: 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) (Additional Copy

#### **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

is enclosed)

### Articles of Amendment

to
Articles of Incorporation

	Articles of Incorpo	ration			
Float taln	h APPi	linton in	$\sim$		
(Name of Corpo	ration as currently file	ed with the Florida Dep	t. of State)		
DIGO	2000 H7	705	-		
(Do	cument Number of Cor	poration (if known)			
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Flori</i>	ida Profit Corporation a	dopts the follo	owing amendr	nent(s) to
A. If amending name, enter the new name of the	e corporation:				
				The ne	3H'
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	orp," "Inc," or "Co".	A professional corpora	orated" or thation name m	e abbreviationst contain to	on he
B. Enter new principal office address, if applica					_
(Principal office address <u>MUST BE A STREET A</u>	(DDRESS)				
	<del></del>			<u></u>	: -71
	_	- Andreas - Andr	<del> </del>	<u> </u>	3
C. Enter new mailing address, if applicable:				- 583 	اسا اسا ل
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u> )			11,00	
				<u> </u>	بب
				w 2 / 200 200 88	<del></del>
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D. If amending the registered agent and/or regis		Florida, enter the nan	ne of the		
new registered agent and/or the new register	ed office address:				
Name of New Registered Agent			. <u>.                                   </u>		
	(Florida street ad	dress)	4,-		
New Registered Office Address:			. Florida		
	(City)		,	Zip Code)	
New Registered Agent's Signature, if changing R	legistered Agent:	t at the s	C.1		
I hereby accept the appointment as registered agent	t. I am familiar with a	nd accept the obligations	s of the positio	m.	
Si	gnature of New Registe	red Agent, if changing		_	

## 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; CE() = 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 Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>A</u>	Karcom mcLean	18488 NW9CT
X_ Add			Pembroke Pines F
Remove			33039
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
D			

Attach additional she	eets, if necessary).	(Be specific)				
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an amendment pro	ovides for an excha	nge, reclassifica	tion, or cancell	ation of issued	shares,	
if not applicable)	ementing the amend	<u>ımeni ii noi cor</u>	itained in the ai	<u>nenament itseli</u>	<u>!:</u>	
(g not applicable	c, marcare 1771)					
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The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable:  (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 O.B. 1971
)/ 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)
(Typed or printed name of person signing)
D-00 11 10 12
<u> </u>
(Title of person signing)