P150000)/1922
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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ______

DOCUMENT NUMBER: P15000011922

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

OLGA RAMOS

Name of Contact Person

FREEDOM TAX SERVICES OF SWFL CORP

Firm/ Company

12355 COLLIER BLVD STE H

Address

NAPLES, FL 34116

City/ State and Zip Code

FREEDOMTAX1040@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OLGA RAMOS

Name of Contact Person

_ at (239) 455 6011 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
/ <u>Maitin</u>	<u>e Address</u>	Street .	Address
/ Ameno	Iment Section	Amend	ment Section
Divisio	on of Corporations	Divisio	n of Corporations
P.O. B	ox 6327	Clifton	Building
\ Tallaha	assee, FL 32714	2661 E	xecutive Center Circle
		Tallaha	ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

THE SUB HOUSE INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P15000011922

(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) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

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 "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	<u>2</u>
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	m

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	Freedom tax Servi	ces of suff corp
	12355 Collier Blud,	ste H
	(Florida street address)	
New-Registered Office Address:	Naples	, Florida 34/16
	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am fimiliar with and accept the obligations of the position. Signature of New Registered 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; 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

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PT John Doe

X Remove	V	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	Title	Name	<u>Addres</u> s
1) Change	D	MIGUEL ISAI MORALES	7838 HART DRIVE
/ Add			NORTH FORT MYERS, FL 33917
X Remove			
2) Change	r	MARIA GUADALUPE MORALES	3307 41TH STREET SW
Add	-		LEHIGH ACRES, FL 33976
X Remove			
3) Change			
Add			<u> </u>
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change		<u> </u>	·····
Add			
Remove			

E. <u>I</u>	<u>f amending or</u> :	adding additional	Articles, enter	<u>change(s) here</u> :
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(Attach additional sheets, if necessary). (Be specific)

N/A

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

N/A

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	10/07/2019	
The date of each amendment(s) date this document was signed.	adoption:	if other than
-	0/07/2019	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date,)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirement Department of State's records.	s, this date will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the ame sufficient for approval.	endment(s)
	approved by the shareholders through voting groups. The followin for each voting group entitled to vote separately on the amendment	
	ast for the amendment(s) was/were sufficient for approval	
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by		
oy	(voting group)	
	(voting group) adopted by the board of directors without shareholder action and s	hareholder
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DIRECTOR

(Title of person signing)

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