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(R	equestor's Name)	
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(B	usiness Entity Nam	e)
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COVER LETTER

Division of Corporations NAME OF CORPORATION: SUSAn EXPRISE TO DOCUMENT NUMBER: P 15 0000 20423 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Vainistry dis Aguilar
Name of Contact Person Susan Express
Firm/Company 4440 Sw 159 th PL
Address Ocala FL 34473

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Vanistry dis Aguillar at (786) 202 3374

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: □\$43.75 Filing Fee & ☐ \$35 Filing Fee □S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

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

Articles of Amendment

Articles of Inco	orporation	
of		
	einess frc	
(Name of Corporation as currently	y filed with the Florida Dept. of State)	
PIS	560620423	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	4440 SW 159 PL	
	Ocala FL 34473	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4440 SW 159 PL	
	Ocala FL 34473	
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the	
Name of New Registered Agent Yans Stendis	Aguilar	
<u>५५५० ९० १५५</u> (Florida stre		
New Registered Office Address:	. Florida 34473 (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:	20 1	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

| Agriculture of New Registered Agent, if changing | Co.

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 Doc	
X Remove	$\overline{\Lambda}$	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	P	claudia Mesa	4211 NW 22 CT
Add			iniami Fc 33,42
X Remove			
2) Change		Yams leydis Aguilar	4440 SW 159 1 PL
_⊀ Add			O(11/1 FL 34473
Remove			
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Add Remove			
Kentove			
6) Change			
Add			
Remove			

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The date of each amendment(s) adoption:	29 19	, if other than the
Effective date <u>if applicable</u> : 5	129/19	
Effective date in applicable: (no	more than 90 days after amendment f	ìle date)
Note: If the date inserted in this block does not me document's effective date on the Department of State	eet the applicable statutory filing requarts records.	irements, this date will not be listed as the
Adoption of Amendment(s) (CHECK	ONE)	
☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for approx		the amendment(s)
☐ The amendment(s) was/were approved by the shar must be separately provided for each voting group	cholders through voting groups. The jp entitled to vote separately on the am	following statement sendment(s):
"The number of votes cast for the amendmen		
by	,	•
(voting g	roup)	
☑ The amendment(s) was/were adopted by the board action was not required.	l of directors without shareholder actic	on and shareholder
☐ The amendment(s) was/were adopted by the incor- action was not required.	porators without shareholder action an	d shareholder
Dated 5 29 19		
Signature Tangland	is louding	
(By a director, president selected, by an incorpora appointed fiduciary by the	or other officer – if directors or office ator – if in the hands of a receiver, trus hat fiduciary)	rs have not been stee, or other court
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(Type	ed or printed name of person signing)	
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