## 97FB002479

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## **COVER LETTER**

NAME OF CORPORATION: 6/ ASAdor Tac  DOCUMENT NUMBER: P150000 34789
DOCUMENT NUMBER: F15 8 600 34 789
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  Ball Pinnacia   Services Ass In  Firm/ Company  3788 Polling Acres D4  Address
Name of Contact Person
Eirm/Company
328 Dalling Arres DV
Address
athe to 32 "
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person  at (85°) 572 684/6  Area Code & Daytime Telephone Number
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:
\$35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section Division of Corporations Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

## Articles of Amendment

to

	Articles of Incorporation of		FILED	
E/ As	SA Clor	Zuc	17 NOV -9 AM 11: 19	
(Name o	f Corporation as curre	ently filed with the Flor	rida Dept. of State)	
	5000039		TALLAHASSEE FI GROWA	
	(Document Number	er of Corporation (if kno	wn)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	1006, Florida Statutes, t	his <i>Florida Profit Corp</i>	oration adopts the following amendment(s)	
A. If amending name, enter the new na	me of the corporation:	_		
			The new	
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associat	ation "Corp," "Inc," o	r "Co". A professione		
B. Enter new principal office address, i	f applicable:			
(Principal office address <u>MUST BE A ST</u>				
C. Enter new mailing address, if applied	cable:			
(Muiling address <u>MAY BE A POST (</u>	OFFICE BOX)			
D. If	1/	41. · · · · · · · · · · · ·	4	
<ol> <li>If amending the registered agent and new registered agent and/or the new</li> </ol>			er the name of the	
	. regional office and			
Name of New Registered Agent			<u> </u>	
	(Florida	ı street address)		
		,		
New Registered Office Address:	<del></del>	/C'. 1	, Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if ch	nanging Registered Ag	ent:		
hereby accept the appointment as registe	erea agent. I am famili	ar with and accept the c	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	<u>PT</u>	John Doe		
X Remove	V	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	Uf	ESTHER D. GU	Grusacolo 71 323	10-
Add			Brusacolo Pl 32:	T&3
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		- 10 1		
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
1	
***	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	numerical not contained in the amenument risen.
7	
·	
•	
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The date of each amendment(s) adoption:, if other than
date this document was signed.
Effective date <u>if applicable</u> : //- /- 2017  (no more than 90 days after amendment file date)
(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 locument'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 east for the amendment(s) was/were sufficient for approval
by"  (voting group)
(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
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)
(Typed or printed name of person signing)
Prosident

(Title of person signing)