15000 38753

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COVER LETTER

TO: Amendment Section Division of Corporations MARIA RIZA MURREU, PA NAME OF CORPORATION: PIS0000 38753 DOCUMENT NUMBER: ____ 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 MARIA RITA MORFEL, PA Firm/ Company 2234 Lakeside Dr. Address
Orlando, FL 32863
City/ State and Zip Code #35@ thenickley group. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Maria Rim Marroll
at (407) 920-9602

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☑S43.75 Filing Fee & ☐ \$35 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 is enclosed)

Mailing Address

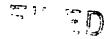
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of



2019 AUG 13 PH 4: MARIA RIZA MORAEU, PA (Name of Corporation as currently filed with the Florida Dept. of State)

| | 8753 of Corporation (if known) | |
|--|-----------------------------------|---|
| Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation: | • | on adopts the following amendmen |
| A. If amending name, enter the new name of the corporation: | | |
| | N/A | The new |
| name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation | "Co". A professional con | corporated" or the abbreviation rporation name must contain the |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | Ala | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A | |
| D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre | | name of the |
| Name of New Registered Agent | 1411. | |
| | | |
| tr torida s | treet address) | |
| 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 familian | | utions of the position. |
| 6: | Paristoral Agant if chang | |

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 De | <u>oe</u> | | | |
|----------------------------|--------------------------|---------------|-----------|------|---------|---------------------------------------|
| X Remove | $\underline{\mathbf{V}}$ | Mike Jo | mes | | | |
| X Add | <u>sv</u> | Sally Sr | nith | | | |
| Type of Action (Check One) | Title | | Name | | | Address |
| 1) Change | CFO | _ | BRENDAN | JOEL | MORRELL | 2234 Lakeside Dr Orlârdo, FL 32803 |
| X Add | | | | | | Orlando, FL 32803 |
| Remove | | | | | | |
| 2) Change | | _ | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 3) Change | | _ | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 4) Change | | _ | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 5) Change | | _ | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 6) Change | | - | | | | |
| Add | | | | | | |
| Remove | | | | | | |

| reach authionar she | vets, if necessary). | | | | |
|---------------------|----------------------|------------------------|-------------------|------------------|-------------|
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| f un umandmant ne | avides for an exch | ange, reclassification | n or cancellation | if icenad charac | |
| provisions for impl | ementing the amen | ndment if not contain | ned in the amendn | nent itself: | |
| (if not applicabl | le, indicate N/A) | . 1 | | | |
| | | ALG | | | |
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| The date of each amendment(s) adoption: date this document was signed. | 8/9/2019 | , if other than th |
|--|--|---|
| Effective date if applicable: | | |
| | (no more than 90 days after amendment fit | le date) |
| Note: If the date inserted in this block does no document's effective date on the Department of S | | rements, this date will not be listed as th |
| Adoption of Amendment(s) (CHI | ECK ONE) | |
| ☐ The amendment(s) was/were adopted by the sl by the shareholders was/were sufficient for ap | | the amendment(s) |
| ☐ The amendment(s) was/were approved by the must be separately provided for each voting § | | |
| "The number of votes cast for the amend | lment(s) was/were sufficient for approval | |
| by | ng group) | |
| (voti) | ng group) | |
| ☐ The amendment(s) was/were adopted by the b action was not required. | oard of directors without shareholder action | n and shareholder |
| The amendment(s) was/were adopted by the in action was not required. | | l shareholder |
| Dated | 2019 | |
| Signature | 2 | |
| (by a director, presid | porator – if in the hands of a receiver, trust | |
| | MARIA RIZA MORKEUL Typed or printed name of person signing) | |
| (7 | Typed or printed name of person signing) | |
| | P | |
| | (Title of person signing) | |