## P500053573

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## COVER LETTER

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		COVER LETTER		
TO: Amendment Section				13. 2 m
Division of Corpora				P
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NAME OF CORPORA	TION:	opensourcedds, PA		· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUMBE		P15000053573		Sample of the sa
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ndence concerning this ma	tter to the following:		
	Andro	e Christensen		
_		Name of Contact Person	1	
	Ivorio	s, PA		
_	<del></del>	Firm/ Company		
	543 N	W Cripple Creek St.		
	**	Address		
Lake		City, FL 32055		
<del></del>		City/ State and Zip Cod	e	
		-110		
		ell@nosocomia.com		
	n-mail address; (to be u	sed for future annual report	notification)	
For further information c	oncerning this matter, pleas	se call:		
Andre Chr	istensen	386	232-8489	
Name of Contact Person		at (	) de & Daytime Telephone Number	<del></del>
		payable to the Florida Depa	•	
<b>—</b> ••••••••••••••	<b></b>		П.	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy	□\$52.50 Filing Fee Certificate of Status	
		(Additional copy is	Certified Copy	
		enclosed)	(Additional Copy	
			is enclosed)	
	g Address		Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
P.O. Box 6327		Clifton Building		
Tallahassee, Fl. 32314			Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation of

opensourcedds, PA

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

P15000053573

(Document Number of Corporation (if known)

ent(s) to

A. If amending name, enter the new name of the corporat	lion:
Ivories, PA	
	poration," "company," or "incorporated" or the abbreviate," or "Co". A professional corporation name must contain iation "P.A."
B. Enter new principal office address, if applicable:	n/a
Principal office address MUST BE A STREET ADDRESS	)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a
	<del></del>
D. If amending the registered agent and/or registered office	
new registered agent and/or the new registered office :	address:
Name of New Registered Agent n/a	
(Fle	orida street address)
New Registered Office Address:	F1 1.
New Registered Office Address.	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa	l Agent: uniliar with and accept the obligations of the position.

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)

Example:

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.

X Change	IL	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change		n/a	
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add		<del></del>	
Remove			
6) Change			
Add			
Remove			

<ol> <li>If amending or adding additional Art (Attach additional sheets, if necessary).</li> </ol>	(Be specific)
n/a	
	<del></del>
	·
<del> </del>	
F. If an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
n/a	
<del></del>	
	<u> </u>
	<del></del>

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)	1
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.	:ndment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The followin must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
hy	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and s action was not required.	hareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and share action was not required.	holder
Signature  (By a director, president or other officer, if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or officers or officers.)	
appointed fiduciary by that fiduciary)	And south
Andre Christensen	
(Typed or printed name of person signing)	
President	
(Title of person signing)	