P15000067018

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(City/State/Zip/Phone #)		
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18 JUL 13 PM 14: 2 SHORETANY OF STATE TALLAHASSEE, FLORIU

JUL 1 6 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORA	TION: The Suc	er Longary			
DOCUMENT NUMBE	r: <u>P15000</u> (167018			
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Philip T Subor					
	Philip T. Suber Name of Contact Person				
	_	he Sider compa Firm/Company			
		• -			
	36 Gns Bert Farm Road, Havam, FL, 32333 Address				
	11 de 0				
		City/ State and Zip Coo	le		
		1 (6) 6 1111	244		
	E-mail address: (to be us	Lomfany @grails is sed for future annual report	notification)		
	`	•	·		
For further information c	oncerning this matter, pleas	e call:			
Philip swee		at (850	ode & Daytime Telephone Number		
Name of	Contact Person	Area Co	ode & Daytime Telephone Number		
Enclosed is a check for the	ne following amount made	payable to the Florida Dep	artment of State:		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)		
	g Address	Street	Address		
Amendment Section		Amendment Section			
Division of Corporations		Divisi	on of Corporations		

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment

Articles of Incorporation of

The suber com	Slocy
(Name of Corporation as current	tly filed with the Florida Dept. of State)
P 150000 67018	
	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	_N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A FILED FILED ALLMASSEE,
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address Name of New Registered Agent Name of New Registered Agent	
Name of New Registered Agent 77/11	
——————————————————————————————————————	treet address)
New Registered Office Address: W/A	, Florida
	(City) (Zip Code)
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.
Signature of New 1	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	PT Joh	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change	<u></u>	Philip Suber	36 Gus Bert FarmRd
Add Remove			Havan, FL 32333
2) Change Add		Melissa Oglesby	36 Girs Dert Farm Rel Havana, FL
Remove 3) Change Add Remove	<u> 5</u>	Melissa Oglesby	32333 36 Gus Bert Ferm Rel Hautery, FZ 32333
4) Change Add Remove		Matthew Siber	446 Jin Tayler Rd. Ohinly, FL 32351
5) Change Add Remove	I	Melissa oglesky	36 Gis Bert Farm Rol Havana, FZ 32333
6) Change Add Remove	I_	Philip Sweet	36 Gus Bert Farm Red Havana, FL 32333

Attach additional sheets, if necessary).	(Be specific)
provisions for implementing the amer (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 c	days after amendment file date)
Note: If the date inserted in this block does not meet the applicated document's effective date on the Department of State's records.	ole statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The n by the shareholders was/were sufficient for approval.	umber of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to voting group entitled grou	
"The number of votes cast for the amendment(s) was/were	sufficient for approval
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors was not required. The amendment(s) was/were adopted by the incorporators without the amendment of the component of	
action was not required.	
Dated	<u></u>
Dated 7/11/18 Signature Plan The	
(By a director, president or other office)	- if directors or officers have not been
	nands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)	
Philip T. Suber	
(Typed or printed na	me of person signing)
	person signing)
(Title of	person signing)