## P1500098311

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SE: ILMA TS 030 4505 NO 4

## **COVER LETTER**

TO: Amendment Section Division of Corporation	ns		
NAME OF CORPORATI	$\overline{}$	reupro, J	NC. 3311
The enclosed Articles of Ar	nendment and fee are sui	bmitted for filing.	
Please return all correspond	lence concerning this ma	tter to the following:	
	Dam	1 Culbrath	<u> </u>
	dxe	Name of Contact Perso	$\stackrel{n}{\sim}$ .
	6439	Firm/ Company	Iden Way Orlando, Fl
	Colano	Co Address	32818
	E-mail address: (to be us	City/ State and Zip Cod	rry)@amail.com
For further information con	cerning this matter, pleas	se call:	
Darry C	ulbrath ntact Person	at ( <u>407</u> Area Co	de & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Dep	artment of State:
\$35 Filing Fee	2543.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Division P.O. Box	ent Section of Corporations	Amend Division The C 2415 I	Address  dment Section on of Corporations  dentre of Tallahassee  N. Monroe Street, Suite 810  assee, FL 32303

## Articles of Amendment

to

## Articles of Incorporation

of

(Yew(m)	Inc			
(Name of Corpor	ation as currently	iled with the Florida D	ept. of State)	
<u> </u>	009831			
, (Doc	ument Number of C	orporation (if known)		
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this Fl	orida Profit Corporation	adopts the following an	rendment(s) to
A. If amending name, enter the new name of the	corporation:	N ( ) .	Th	e new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the abb	ic," or "Co". A p	npany," or "incorporate professional corporation	d" or the abbreviation "(	Corn "
B. Enter new principal office address, if applical	ble:		292!	
(Principal office address MUST BE A STREET A.		· · · · · · · · · · · · · · · · · · ·	T.C. PR	<del></del> ,
			· · · · · · · · · · · · · · · · · · ·	<del></del>
			<u> </u>	
C. Enter new mailing address, if applicable:				
(Muiling address <u>MAY BE A POST OFFICE I</u>	<u>BOX</u> )			<u>,                                     </u>
				<i></i> -
D. If amending the registered agent and/or registered agent and/or the new registered	itered office addresed office address:	s in Florida, enter the	name of the	
Name of New Registered Agent				
	(Florida street	address)		
New Registered Office Address:			. Florida	
	(C	in)	(Zip Code,	,
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		h and accept the phlicat	ions of the position	
	<b>J</b>	7	om by the pominon.	
Si	gnature of New Reg	stered Agent, if changin	g	
Check if applicable				
☐ The amendment(s) is/are being filed pursuant to	s. 607.0120 (11) (e)	, F.S.		

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	PT	John Doc		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
l) Change			 	<u>_</u>
Add				
Remove				
2) Change			 	
Add				
Remove 3) Change		_	 	
Add			<del></del>	
Remove				
4) Change			 	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add	•			
Remove			_	_

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
<del></del>	
<del></del>	
<del></del>	
<u></u>	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	thunten if not contained in the amendment tisen.

The date of each amendment(s) adoption: date this document was signed.	12/14/2024	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of	ot meet the applicable statutory filing requirements, this	date will not be listed as the
Adoption of Amendment(s) (CH	IECK ONE)	
The amendment(s) was/were adopted by the action was not required.	incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendmen approval.	ut(s)
	e shareholders through voting groups. The following states group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the ame	ndment(s) was/were sufficient for approval	
by		
(vol	ting group)	
Dated 12/	20/2024 Pulls	
selected, by an incomposited fiduciary	ident or other officer – if directors or officers have not been orporator – if in the hands of a receiver, trustee, or other copy by that fiduciapy)  (Typed or printed name of person signing)	
	(Title of person signing)	

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Compliant interests requisit to sussentition of recently established thromosology is solved by the CrewPo. No.

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