

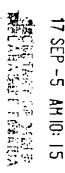
(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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SEP 07 2017 B. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations	Millikes on Awastasia luc
NAME OF CORPORATION:	(
DOCUMENT NUMBER:	P166000 13284
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
$\mathcal{N}_{\mathcal{L}}$	Name of Contact Person
	Name of Contact Person
	Firm/ Company
386	+ TAMPA Rd
OAC	MAR FI 34677
	City/ State and Zip Code
C 2 . 11 . 1. 4. 11	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, p	ease call: 8/3 - 855 0210
KENN	ai 904, 471 3425
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status	
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

FILED

ļ.	Articles of Incorporation 17 SEP -5 AH 10: 15
Mill	likes on Avaitas/ANDINATION
(<u>Name of Corp</u> ic	poration as currently filed with the Florida Dept. of State)
<u></u>	P16000 13284
(D	Document Number of Corporation (if known)
ursuant to the provisions of section 607.1006. Fi s Articles of Incorporation:	Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment
. <u>If amending name, enter the new name of t</u>	 the corporation:
	NASTASIA 84 /NC The new
ame must be distinguishable and contain the	word "corporation," "company," or "incorporated" or the abbreviation
Corp., ""Inc.," or Co.," or the designation " word "chartered," "professional association," o	Corp," "Inc," or "Co". A professional corporation name must contain the
projestivna association, or	
Enter new principal office address, if applie	
Principal office address <u>MUST BE A STREET</u>	MADDRESS) Oldsman F1 34677
. Enter new mailing address, if applicable:	$\frac{1}{2}$
(Mailing address MAY BE A POST OFFICE	Oldsman F1 34677
	Alaman El 24/2
'	<u> </u>
	egistered office address in Florida, enter the name of the
new registered agent and/or the new register	tered office address:
Name of New Registered Agent	<u> </u>
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing	g Registered Agent: gent. I am familiar with and accept the obligations of the position.
revery accept me appointment as registered age	
ND	
	Signature of New Registered Agent, if changing
	A state of the sta
	į t

Executive Officer; CFO held, President, Treasur Changes should be note a change, Mike Jones le Mike Jones, V as Remov	Presiden = Chief i er, Direct d in the fo	t: T= Treasurer: ; l'inancial Officer, or would be PTD. ellowing manner, corporation, Sally	S= Secretary; D= Director: TR= Trustee; C = Chairman or Clerk; CEO = Chief If an officer/director holds more than one title, list the first letter of each office Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is Smith is named the V and S. These should be noted as John Doe, PT as a Change,
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>	Name	Address
1) Change		_	
Add			
Remove		I 1	
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change	-		
Add			
Remove		ļı	
6) Change		<u> </u>	
Add		 	
Remove		\ ,	

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)

. If amending or adding additional Articl	les lenter change(s) hara:
(Attach additional sheets, if necessary).	(Be specific)
NS	
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If an amendment provides for an excha-	nge, reclassification, or cancellation of issued shares,
provisions for implementing the amend	dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
NA.	
	<u> </u>
	
	
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The date of each amendment(s) adoption: date this document was signed.	9-1-2017 , if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does n document's effective date on the Department of	
Adoption of Amendment(s) (CH	 <u>ECK ONE</u>)
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amendment(s) approval.
☐ The amendment(s) was/were approved by th must be separately provided for each voting	c sharcholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the amer	
by	."
(vo.	ting group)
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder
action was not required.	incorporators without shareholder action and shareholder
Dated	2017 Pful
(By a director, pres	ident or other officer – if directors or officers have not been or other court or by that fiduciary)
	KENN PFRENDLE
	(Typed or printed name of person signing)
	1 OSticiae
	(Title of person signing)
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