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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	1
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations fourth Generation -NAME OF CORPORATION: DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ristan SANGUINETTI For further information concerning this matter, please call: AND SANGUINE HI at (786) 622 · 9688

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **∑\$**43.75 Filing Fee & S35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations**

The Centre of Tallahassee

Tallahassee, Fl. 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment

to

Articles of Incorporation

o f

FOURTH GENERATION TS INC

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

P160000 19200

A. If amending name, enter the new name of the corporation:

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

411 Concierge Inc	The new				
name must be distinguishable and contain the word "corporation," "cor "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."	professional corporation name must contain the word				
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	18340 NE ZIST PL North Mami Beach				
	FL 33179.				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18340 NE ZIST PL				
	North fliami Beach FL 33179.				
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:					
18340 NE	SANGUINATTI ZIST PL				
New Registered Office Address: North Will	His Beach Florida 33/79 (ity) (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.					
Tristan	J SANGUINETTI				
Signature of N <u>ew Req</u>	istered Agent, if changing				
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)

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 Doe					
_							
X Remove	V	Mike Jones					
X Add	<u>SV</u>	Sally Smith					
Type of Action (Check One)	<u>Title</u>	Name			<u>lres</u> s		
1) Change Add	1	- SA	LUATIERN IZABETH	· Colussi, · R. N	4 OPE81 Juni 14.	<u>E ZI</u> ST BEARN	PL
Remove 2) Change	7	<u> </u>	iveto, 600	r t		E 15th D	አ ሱ ફ
Add Remove Change					+ 308. N.H FL 3316	liskii L	
Add Remove 4) Change Add							
Remove 5) Change Add	_						
Remove 6) Change Add							
Remove							

	necessary). (Be specific)			
				
				
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an amendment provides	s for an exchange, reclassif	Testion, or especilation	of issued shares.	
rovisions for implementi	ing the amendment if not			
(if not applicable, indie	cate N/A)			
shares				
	Tristans	danguine H	i 33%	
	TITADET	H Salvahe	4114 22%	
<u>.</u>				
	<u>60 N ZALO</u>	OLIVETO	34%	
				

The date of each amendment(s) adoption:	10	13	2021	, if other than the
date this document was signed.	•	,	1	
Effective date if applicable:	10	13	2021	
	o more than 90	days afte	er amendment fil	e date)
Note: If the date inserted in this block does not a document's effective date on the Department of Sta		ble statu	tory filing requir	rements, this date will not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)			
The amendment(s) was/were adopted by the incaction was not required.	orporators, or bo	ard of d	irectors without s	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app		number (of votes cast for t	he amendment(s)
☐ The amendment(s) was/were approved by the sh must be separately provided for each voting gro				
"The number of votes cast for the amendn	nent(s) was/were	sufficie	nt for approval	
by				
(voting	group)			
Dated			-	
Signature Tus	HAN SON	V61;	NETTI	
(By a director, presider	<u> </u>			have not been
selected, by an incorpo		hands of	a receiver, truste	ee, or other court
appointed fiduciary by				
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