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And

JAN 1 0 2020 ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

DOCUMENT NUMBER: PIUO 000 21525				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Name of Contact Person My Pot ato Social Too. Firm/Company Address Address City/ State and Zip Code E-mail address: (to be used forfuture annual report notification)				
For further information concerning this matter, please call.				
Name of Contact Person at (901), 202-0034 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Street Address Amendment Section				

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

of

Mr. Potato Spreod	JnC.
·	ntly filed with the Florida Dept. of State)
STE000017	38
(Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.)	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	7. c 20
	E T
C. Enter new mailing address, if applicable:	6
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	
D. If amending the registered agent and/or registered office at new registered agent and/or the new registered office address.	
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	Florida
The state of the s	(City) (Zīp Code)
w Registered Agent's Signature, it changing Registered Age wereby accept the appointment as registered agent. I am familia	
Signatures of Man	Registered Agent if changing
New Registered Office Address: ew Registered Agent's Signature, if changing Registered Agenery accept the appointment as registered agent. I am familia	, Florida

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:

 $P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR \circ Trustee; C \circ Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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.

Mike Jones, V as Remo Example:	we, and Sa	lly Smith, SV as an Add.	,
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
l) Change	<u>Y</u>	Agron O. Spom	893 BUNKEY HILL BW JOH, FL 32208
<u>✓</u> ∧dd			Jody FL 32208
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
) Change		-	
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Kemove			
Change	•		
Add			
Remove			
Change			
Add			
Remove			
		Page 2 of 4	
		ional Articles, enter change(s) here: cessary). (Be specific)	

n amendment provides for an exchange, reclassification, or cancellation of issued shares, a saisons for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) Page 3 of 4 te of each amendment(s) adoption:	, , ,			
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were suffice.	•	The number of votes cast for the amendment(s)
		s through voting groups. The following statement d to vote separately on the amendment(s):
"The number of votes cast for	the amendment(s) wa	s/were sufficient for approval
by		."
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	d by the board of dire	ctors without shareholder action and shareholder
The amendment(s) was/were adopted action was not required.	d by the incorporators	without shareholder action and shareholder
Dated	12019 2/2/20	Spam
selected, by		officer—if directors or officers have not been in the hands of a receiver, trustee, or other court iary)
F	- Chito Carpin	SCOTO nted name of person signing)
8	resident	
(Tit	le of person signing)	