P16000034361

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Chuty Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600347183656

(1605/00/10 state scintapper

07/06/20--01018--013 **35.00

PO HILL -6 #MIL: 18

brund

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Udder Delite

DOCUMENT NUMBER: P16 0000 24361 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy

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

Street Address

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

is enclosed)

Articles of Amendment

to

Articles of Incorporation of

Volder De-lit	e inc	
(Name of Corporation as current	tly filed with the Florida Dept. of State)	
P1600003	74361	
	of Corporation (if known)	
·	•	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following an	mendment(s) to
A. If amending name, enter the new name of the corporation:		
	T	he new .
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.A.	"company," or "incorporated" or the abbreviation". A professional corporation name must contain th	'Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		VIDEON TARY OF SA
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		<u> </u>
Name of New Registered Agent		
tFlorida si	treet address)	
New Registered Office Address:	, Florida	
New Negatived Office Made est.	(City) (Zip Cod	le)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		
Signature of New 1	Registered Agent, if changing	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)) (c), 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1)Change	600	KATH leen 30 hoson	439 Wilson Are
X Add			
Remove			32937
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			,
Add			
Remove			
5) Change			
Adđ			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
·		•
		
		
		_
		
for amondment provider for an eval	anna radiosification or annallation of issued share	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	namen in not contained in the antennament disen-	
(9 101 144411101111 11111111 111111		
		-
		•
		,

•

The date of each amendment(s) adoption: _ date this document was signed.				, if other than the
Effective date if applicable:	Solv	30,	2020	ile date)
	(no more that	n 90 day s l i	after amendment f	ile date)
Note: If the date inserted in this block does document's effective date on the Department	not meet the apport of State's records	plicable st s.	atutory filing requ	nirements, this date will not be listed as the
_	HECK ONE)			
The amendment(s) was/were adopted by the action was not required.	e incorporators,	or board o	f directors withou	t shareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		The numb	er of votes cast for	r the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each voting				
"The number of votes east for the an	endment(s) was/	were suffi	cient for approval	
by				
(v	oting group)			
Signature (By a director, pre	corporator fit in ry by that fiducia	the hands	of a receiver, trus	stee, or other court
	(Typed or printe	ed name o	f person signing)	. == ==
		\mathcal{O}		
	(Title of person	signing)		