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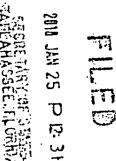
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*** 2 6 2018 T. LEANEUX



COVER LETTER

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: $A \lor v \land a$ DOCUMENT NUMBER: $P \downarrow b \land a \land b$		}			
The enclosed Articles of Amendment and fee are sub-	bmitted for filing.				
Please return all correspondence concerning this mat	ter to the following:				
Stephanic	Name of Contact Perso	on .			
	Firm/ Company				
17301 BISCA	y 12 Bird. Address	#302			
North Miar	City/ State and Zip Co	FC 33160			
E-mail address: (to be us	od for future annual repor	t notification)			
For further information concerning this matter, pleas	e call:				
Styng, Mill Amman Name of Contact Person	at (<u>305</u> Area C) \$73.3701 ode & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amer Divis Clifte 2661	t Address dment Section ion of Corporations in Building Executive Center Circle hassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

A 0100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
MVVVIAN LAW PA	Cl. J. List Abo Florida Done of State)
	filed with the Florida Dept. of State)
P16000632517	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F_0 its Articles of Incorporation:	Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Stephanie Arman	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address:	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the second se	Post C TA
Signature of New Re	gistered Agent, if changing

Executive Officer; CFO: held. President, Treasurer Changes should be noted	if necess ector tith President Chief F Directo in the fol wes the ce	ary) e by the fiv : T= Trea Financial (or would b Howing ma orporation	est letter of the office surer; S= Secretary, Officer. If an officer e PTD. inner. Currently Joh , Sally Smith is nam	; D= Directo Adirector hal In Doe is list	ds more tha ed as the PS	stee; C = Chairman or Clerk; CEO = Chief n one title, list the first letter of each office T and Mike Jones is listed as the V. There is ould be noted as John Doe, PT as a Change.
X Change	<u>PT</u>	John Do	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		_	, <u>.</u>			
Add					-	
Remove					-	
2) Change		_				
Add					-	
Remove						
3) Change		_			-	
Add						\
Remove						
4) Change		_				
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change		_				
Add						

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

__ Remove

•	
E. If amending or adding additional Articles, enter change(s) here:	1
(Attach additional sheets, if necessary). (Be specific)	
· · · · · · · · · · · · · · · · · · ·	
F. If an amendment provides for an exchange, reclassification, or cance	llation of issued shares,
provisions for implementing the amendment if not contained in the	amendment itself:
(if not applicable, indicate N/A)	ļ
	1

The date of each amendment(s) adoption:	, if other than the
uale uns document was signed.	
Effective date if applicable: (no more than 90 days aft	la amondo ant 615 data)
ino more inau 40 dats di	е ителитет унс ниче)
Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	ntory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately provided for each v	ng groups. The following statement ralely on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficie	nt for approval
by(voting group)	."
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without s action was not required.	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without share action was not required.	holder action and shareholder
Dated 1/23/19	
Signature (By a director, president or other officer – if di	rectors or officers have not been
selected, by an incorporator – if in the hands o appointed fiduciary by that fiduciary)	f a receiver, trustee, or other court
Stephanil (Typed or printed name of p	person signing)
Presiden	+
(Title of person	signing)