,P16000044445

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	= #)
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TO: Amendment Section
Division of Corporations

NAME OF CORPOR		PRISES INC	
DOCUMENT NUMI	BER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	CHRISTINA PETTYS		
		Name of Contact Person	
	PETTYS TAX & ACCOUNT	TING INC	
		Firm/ Company	
	8406 PANAMA CITY BEAC	CH PKWY STE A	
		Address	
	PANAMA CITY BEACH, F	L 32407	.
		City/ State and Zip Code	:
PETT	YSTAX@GMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
CHRISTINA PETTY	S	at (230-6291
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	☐S43.75 Fiting Fee & Certificate of Status	☐\$43.75 Filing Fee & Centified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation of

AMISON ENTERPRISES INC				
(Name of Corpora	tion as currently filed with the Florida Dept. of State)			
16000044445				
(Document Number of Corporation (if known)				
ursuant to the provisions of section 607.1006, Flori 5 Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following amendment(s) t			
. If amending name, enter the new name of the	corporation:			
	The new			
Corp.," "Inc.," or Co.," or the designation "Cor	ord "corporation," "company," or "incorporated" or the abbreviation rp," "Inc," or "Co". A professional corporation name must contain the			
ord "chartered," "professional association," or th	he abbreviation "P.A."			
Enter new principal office address, if applicab	ole:			
rincipal office address <u>MUST BE A STREET AL</u>				
	The Francisco			
	بن بن			
Enter new mailing address, if applicable: (Moiling address MAY BE A POST OFFICE B	oon The second			
(Mailing address MAT BE A POST OF FICE B				
	<u></u>			
	tered office address in Florida, enter the name of the			
. If amending the registered agent and/or regist new registered agent and/or the new registere				
new registered agent and/or the new registere				
new registered agent and/or the new registere	ed office address:			
new registered agent and/or the new registere				
new registered agent and/or the new registere	ed office address:			

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.

X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	V	MOSIMAL NITSUL	7627 GAINER BAYOU RD
X Add			SOUTHPORT, FL 32409
Remove			
2) Change			
Add			
Remove			
3) Change			
Add		•	
Remove			
4) Change			
Add		,	
Remove			
5) Change		***************************************	
Add			-
Remove			- March of the State of the Sta
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	Cles enter enuncist ucre. (Be specific)

	,
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

•	01/20/17	
The date of each amendment(s) ad	loption:	_, if other than the
date this document was signed.		
01/29	0/17	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
01/20/17 Dated		
	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court	_
appoin	ted fiduciary by that fiduciary)	
	MISTY JAMISON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	