## P16000055890

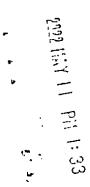
(Requ	iestor's Name)	
(Addr	ess)	
(Addr	ess)	· · · · · · · · · · · · · · · · · · ·
(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	me)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



400387442604

05/11/22--01021--005 \*\*35.00





## **COVER LETTER**

TO: Amendment Section

Division of Corporations DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: lame of Contact Person Firm/ Company 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: □\$43.75 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) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **Articles of Amendment**

to

## Articles of Incorporation

P16000055	890
(Document Number of Co	rporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	rida 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," "com, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A prichartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	6322 Ridge Rd. Port Richey FL 3466
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6322 Ribge Rd. Port Richey FL 346
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the
Name of New Registered Agent  6327	Hriza.
New Registered Office Address: (City	richey Florida 34668
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.
Signature of New Regis  Check if applicable  The amondment(s) is/are being filed pursuant to s. 607 0120 (11) (s).	tered Agent/if changing

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	4///		
X Add	<u>sv</u>	Sally Smith	10 /1		
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s	
1) Change					
Add					
Remove					
2) Change					28922
Add					
Remove 3) Change		_			2
Add					PH
Remove				<del></del> .	
4) Change					er de Tr
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

	<u>-</u>	110		<del>-</del>
		NHY		
- <u> </u>				
				20,12
			<u> </u>	
				ئىدا سە «
	·			
				<del></del> · · · · · · .
<u> —</u>			<u>.</u>	
				Ş.
				<del></del>
an amendment provide	s for an exchange, recl	assification, or cancellation of contained in the ame	on of issued shares,	
(if not applicable, ind	licate N/A)	not contained in the unit	adment assett.	
		.\.		
		NIF	\	<del></del> -
		- 10/0		

The date of each amendment(s) ad	loption:	<u>-</u>			, if other than the
date this document was signed.					
Effective date if applicable:		more than 90 days a	15.	2022	<b>-</b>
	(no	more than 90 days a	ıfter amendı	nent file date)	,
Note: If the date inserted in this bl document's effective date on the Dep			ntutory filing	g requirements, thi	s date will not be listed as the
Adoption of Amendment(s)	(CHECK	(ONE)			
The amendment(s) was/were adoption was not required.	pted by the incor	porators, or board of	f directors w	ithout shareholder	action and shareholder
☐ The amendment(s) was/were adopty the shareholders was/were sufficiently.			er of votes ca	ast for the amendm	
☐ The amendment(s) was/were appropriately provided for a	each voting grou	p entitled to vote sep	parately on t	he amendment(s):	tement 2922 HEY 11
"The number of votes cast i	for the amendme	nt(s) was/were suffic	cient for app	roval	
by				·"	PH
	(voting gi	roup)			
Dated	5-9.	2022/	9	1	₹ <b>₽</b>
Signature		Jul-	· Ky		
	rector, president	or other officer - if	directors or	officers have not be	<del></del> een
selected	l, by an incorpora	stor – if in the hands	of a receive	r, trustee, or other (	court
appointe	ed fiduciary by 🌶	hat fiduciary)			
_	<u> </u>	Yoli	9	129	
	(Type	d or printed name of	person sign	ning)	
		Presid	L-exT	<del>.</del>	•
-	(Title	of person signing)			<u> </u>