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To:

Division of Corporations

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PAGE 01/06

COVER LETTER

COVERIGINE
TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Debet DeVITO FLYNN TA
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please :crum all correspondence concerning this matter to the following:
ILORA FLYNN
Name of Contact Rerson Rep KSNIDE HATNAWAY Firm Company
1101 River Reach De #403
Address FLAUDE ADALE, FL 33315 City State and Zip Code
De Value (B) amail. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Deben FLYNN 1954, 295-7293
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certificate of Status (Additional copy is enclosed) S43.75 Filing Fee Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
4400 6697 1237 3828
09/20

Articles of Amendment

Articles of Incorporation Name of Corporation as currently filed w 000061 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation, "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida (City)(ZIp Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familian with end accept the obligations of the position. Signature of New Registered Agent, if changing

Page 1 of 4

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 - Yice 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.

Example: X Change	<u>PT</u>	John Do	26		· :
X Remove	Ā	Mike Je	mes	•	
X Add	<u>\$V</u>	Sally St	nith		
Type of Action (Check One)	Title		Name	Address	· • •
1) Change		-			:
Add					
Remove					
2) Change		_			· · · · · · · · · · · · · · · · · · ·
Add					
Remove					
3) Change		_			· · · · · · · · · · · · · · · · · · ·
Add					
Remove					
4)Change		_		:	
Add			· 	:	
Remove					
5) Change		-			
Add				:	
Remove					
δ} Change					
Add		-			
Remove					
				:	

Page 2 of 4

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
N/A	
	
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If an amendment provides for an exc	change, reclassification, or cancellation of issued shares, pendment if not contained in the amendment itself:
(if not applicable, indicase N/A)	rengiating it and continuous at the assessment aster.
NA	:
N/H	· · · · · · · · · · · · · · · · · · ·
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	Page 3 of 4

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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days ofter amendment file date)	
Note: if the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	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 votes east for the amend by the shareholders was/were sufficient for approval.	dineni(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cost for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action act	reholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	lder
Dated 10/24/17	
Signature	
(By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or off appointed fiduciary by that fiduciary)	
Debra FLYNN	
(Typed or printed name of person signing)	
Shareholder	
(Title of person signing)	

Page 4 of 4